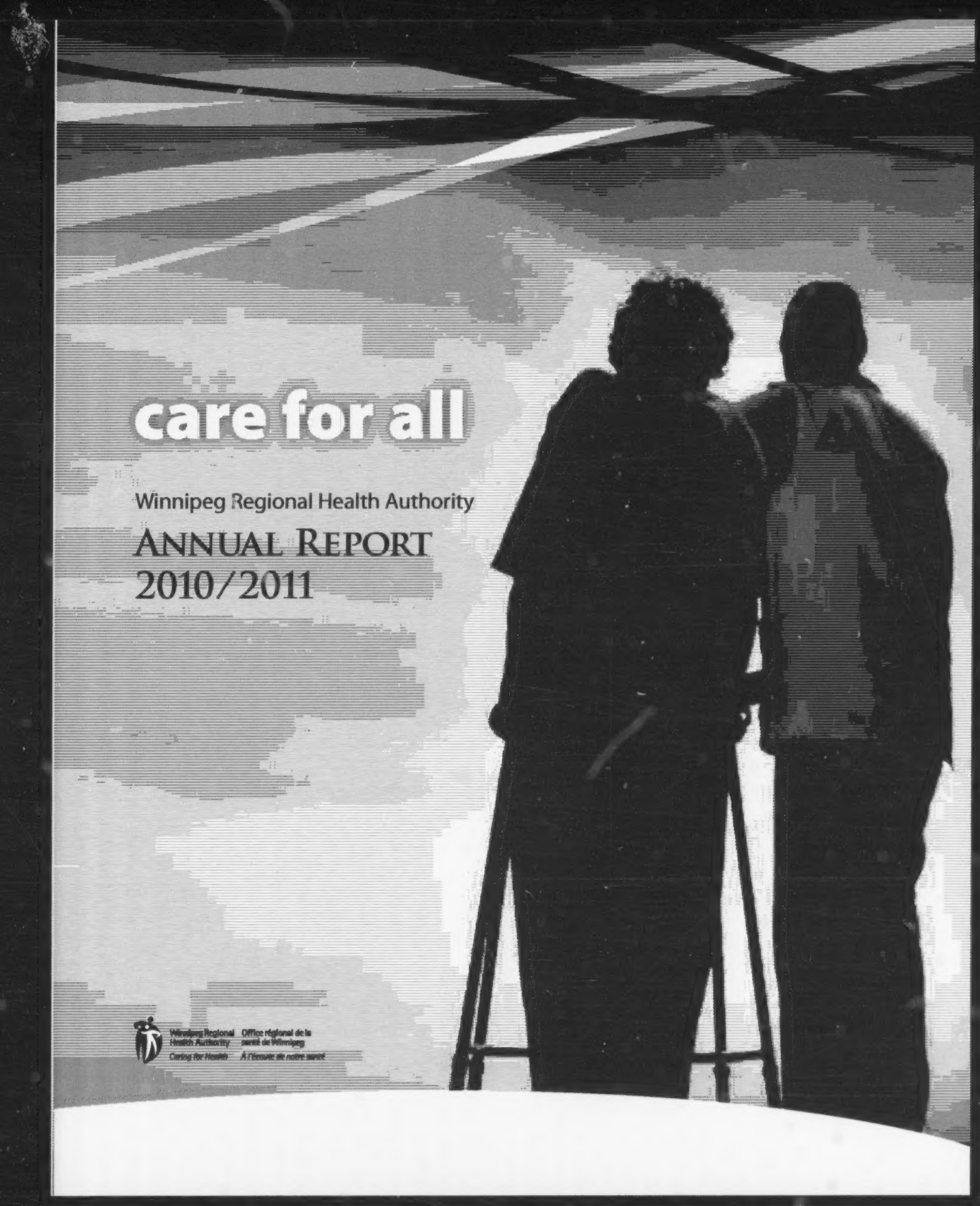

Winnipeg Regional Health Authority

Annual Report 2010/2011

Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

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WINNIPEG REGIONAL HEALTH AUTHORITY

ABOUT US

Our Purpose

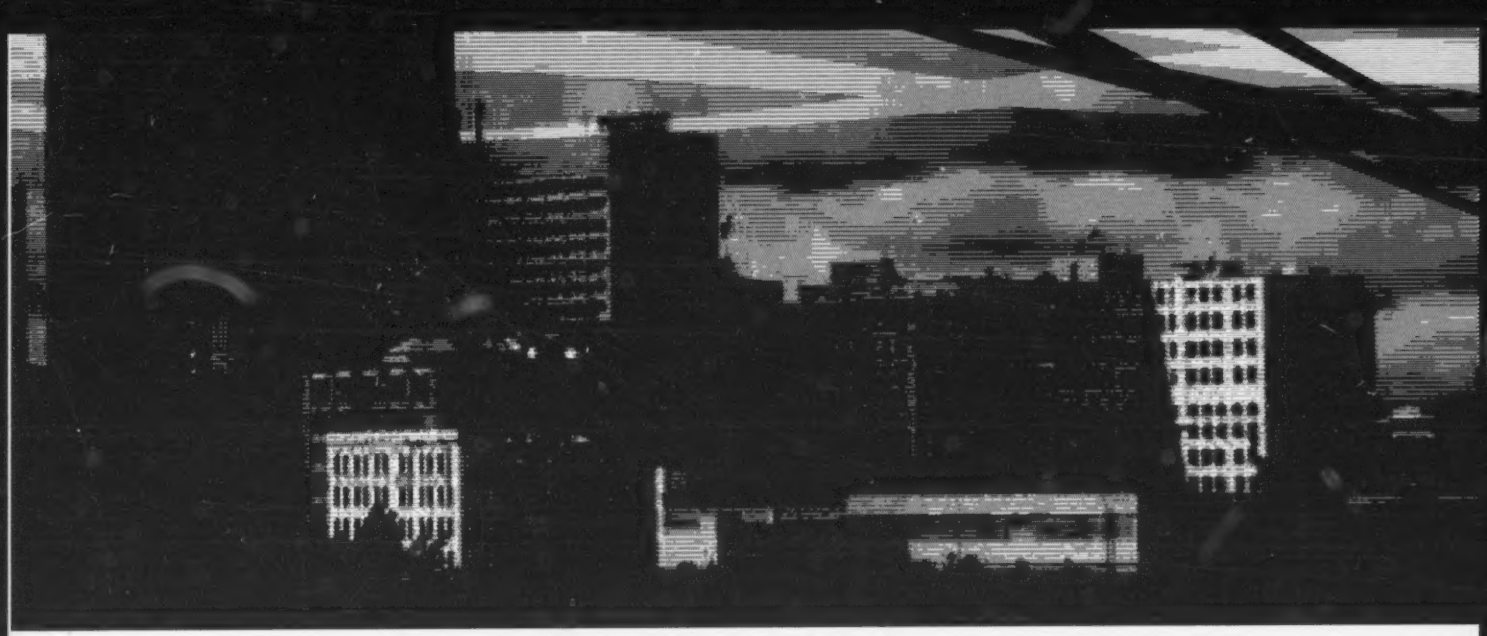
The Winnipeg Health Region is a collective relationship between many health and social service entities and professions, woven together under various forms of agreements and guidelines, administered and delivered under a regional umbrella. Through our relationship with the organizations listed on the right, the Winnipeg Health Region can focus on its Mission: to coordinate and deliver safe and caring services that promote health and well-being. It is through these relationships that we can collectively understand the opportunities and advantages of working together towards common goals, and enable excellence and innovation in the care we provide.

Our Region

The Winnipeg Health Region serves residents of the City of Winnipeg as well as the Rural Municipalities of East and West St. Paul, with a total population of just over 700,000 people. The Winnipeg Regional Health Authority also provides health care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries as well as residents of Northwestern Ontario and Nunavut who require the services and expertise available within the Winnipeg Health Region.

Our People

More than 28,000 people work in the Winnipeg Health Region. With an annual operating budget of nearly $2.1 billion, the Winnipeg Regional Health Authority operates or funds over 200 health service facilities and programs.



The Health and Wellness Providers in our Region

Two tertiary hospitals:
Health Sciences Centre, Winnipeg
St. Boniface Hospital

Four community hospitals:
Concordia Hospital
Grace Hospital
Seven Oaks General Hospital
Victoria General Hospital

Four health centres:
Deer Lodge Centre
Misericordia Health Centre
Riverview Health Centre
St. Amant Centre

Personal Care Homes
38 Personal Care Homes
12 Supportive housing providers

Community based health:
12 Community Health agencies
Rehabilitation Centre for Children
Manitoba Adolescent Treatment Centre
Grant-funded community agencies
Pan Am Clinic
22 Community Health offices offering programs involving public health, home care, health services including: long-term care, primary care, home care, mental health, and acute care
Northern Connection Medical Centre

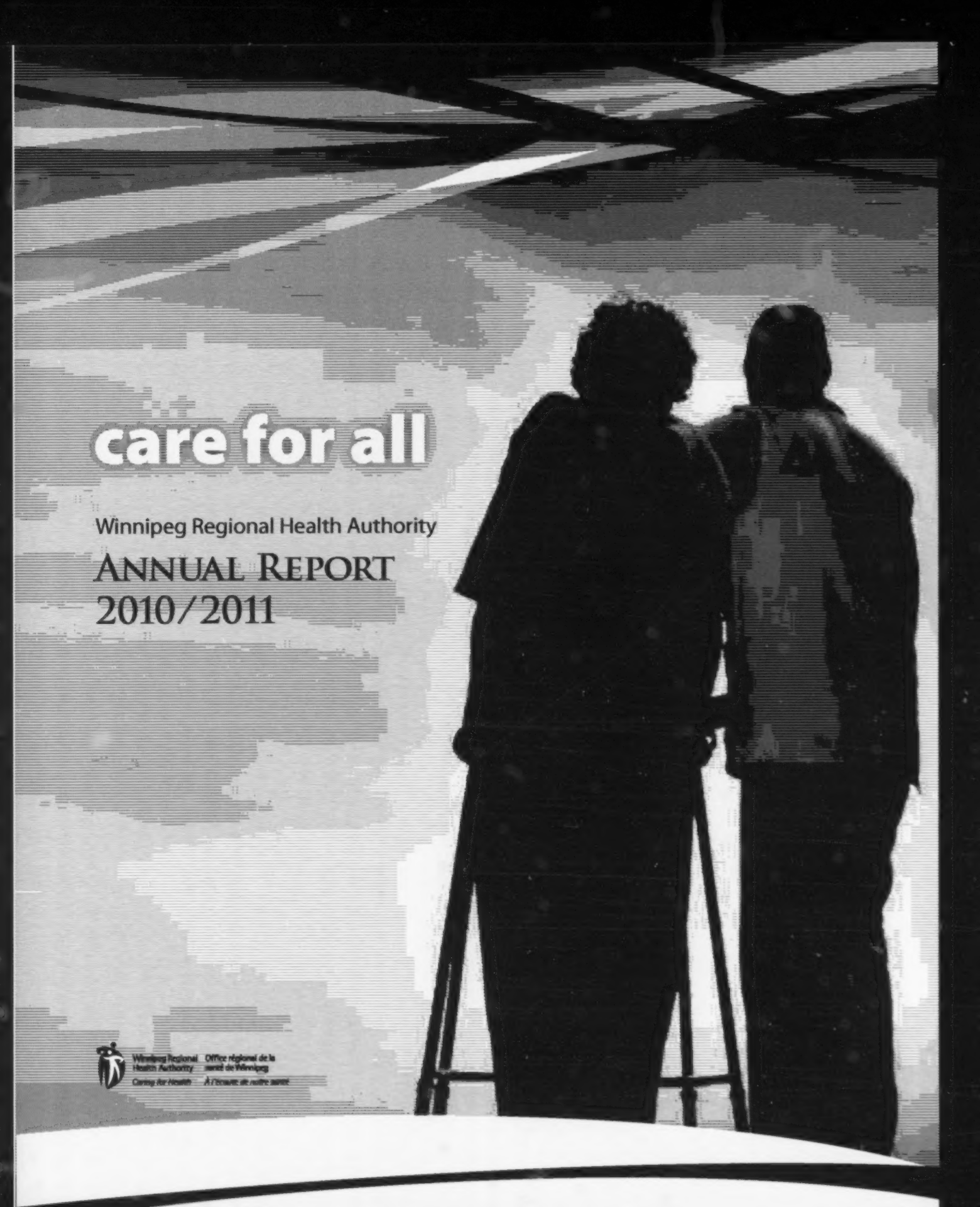
ACCESS Centres:
River East
Transcona
Downtown
ACCESS Centres under construction
St. James
NorWest

Key partners and health relationships:
CancerCare Manitoba
University of Manitoba (Joint Operating Division)
Diagnostic Services of Manitoba
Manitoba eHealth
Winnipeg Integrated Services (Family Services and Consumer Affairs)
Manitoba Housing

For a list of our clinical programs, visit the Winnipeg Regional Health Authority website at www.wrha.mb.ca.

For more information about the Winnipeg Regional Health Authority, visit **www.wrha.mb.ca, write to us at:**

650 Main Street, Winnipeg, MB , R3B 1E2
Phone: 204.926.7000 Fax: 204.926.7007



care for all

Winnipeg Regional Health Authority

Annual Report 2010/2011

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

ORGANIZATIONAL PRIORITIES 2006-2011

Aboriginal Health Programs

Winnipeg has the largest urban Aboriginal population in Canada. The health status of Aboriginal people is well below that of other Canadians. Up to 40 per cent of urban hospital patients may be Aboriginal, and it is estimated that Aboriginal people use hospitals and medical services at a rate two to three times higher than that of other Manitobans. The Winnipeg Health Region recognizes that an understanding of the historical and cultural factors affecting Aboriginal people is a key factor in developing appropriate health care services. In 2006, Aboriginal Health Programs was developed in collaboration with the Aboriginal community, and today, oversees the provision of coordinated programming in the areas of direct health services, cultural programs and human resources for the Winnipeg Health Region. We continue to extend and refine our services to meet the evolving needs of First Nations, Inuit and Métis people in hospitals, the community and in our workforce.

Patient Safety

The safety of our patients and clients is always a priority within the Winnipeg Health Region. Our health care providers consistently strive to deliver care in a manner that is safe. Over the last decade, the issue of patient safety and prevention of adverse events has gained momentum internationally, nationally and locally. There has been a fundamental shift in the perception of how health care should be delivered, and the accountability of service providers to their patients and to the community as a whole. Today, the Winnipeg Regional Health Authority is recognized as a national leader in developing patient safety processes, initiatives and enabling transparency in health care service delivery. Our Patient Safety Team, supported with effective resources and strategies, continues to be deployed to improve patient safety region-wide.

Wait Times and Access

The Winnipeg Regional Health Authority works in partnership with Manitoba Health in addressing wait time and access to health service issues. Funds targeted to reducing wait times for selected surgical and diagnostic procedures have been received from Manitoba Health, and progress is monitored and reported to them on a monthly basis. Wait lists in the priority areas are continuously managed jointly with health programs in order to reduce backlogs and prevent the formation of new ones. Overall, waiting times have improved. While our efforts have concentrated on wait times for treatment, we are also addressing wait times for medical consultations. We're also advancing strategies to enable prompt scheduling, providing patients and their referring doctors with dates when they can expect treatment.

Workforce Wellness and Safety

Healthy staff who work in healthy workplaces provide better and safer patient care. There are approximately 28,000 persons working in the Winnipeg Health Region – each of whom contributes to the health and well-being of the people in the Region and those who use our services. Addressing Workforce Wellness and Safety as an Organizational Priority not only recognizes the critical nature of our staff's duties, it also helps in retaining and recruiting quality employees.

Vision, Mission, Values 2011-2016

In 2011 the Winnipeg Health Region Board of directors approved a new Vision, Mission, Values statement, building upon the priorities from the previous strategic plan. The health region's new five-year plan calls for increased focus on improving the patient experience, enhancing quality and integration and increasing the level of public engagement.

Our Vision

Healthy People, Vibrant Communities, Care for All

Our Mission

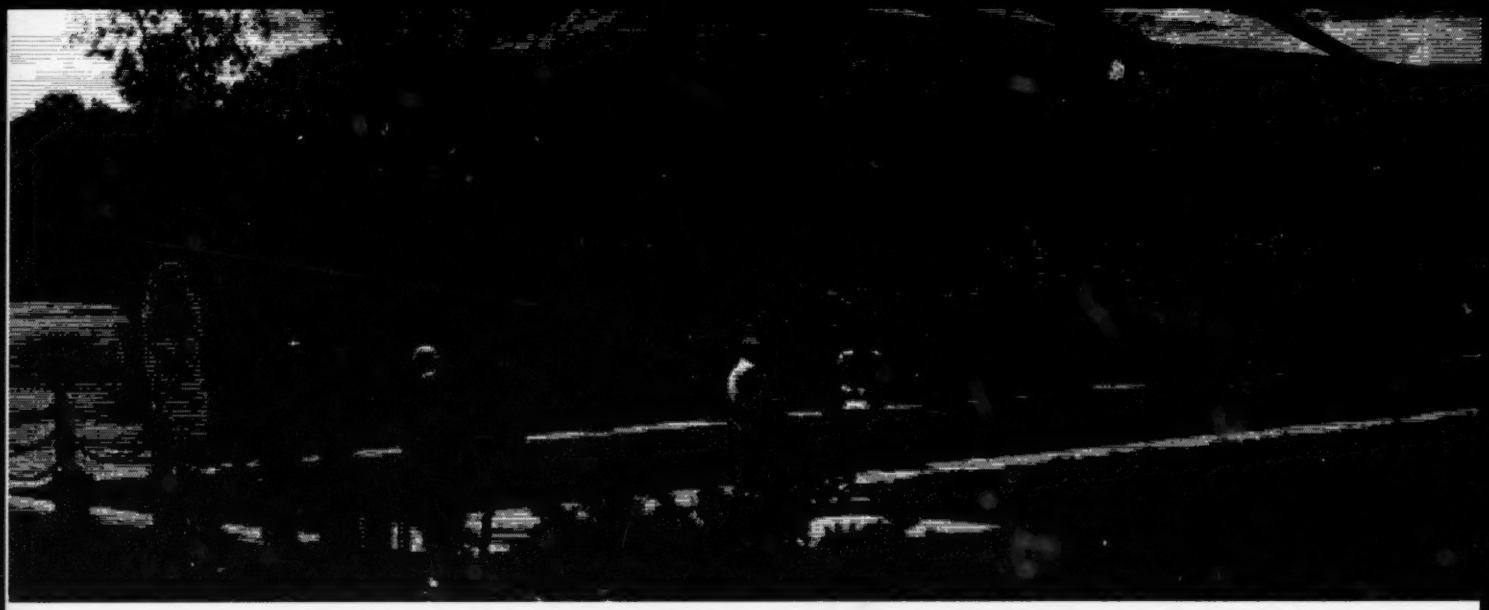
To co-ordinate and deliver safe and caring services that promote health and well-being

Our Values

Dignity - as a reflection of the self-worth of every person
Care - as an unwavering expectation of every person
Respect - as a measure of the importance of every person

Our Commitments

Innovation - that fosters improved care, health and well-being
Excellence - as a standard of our care and service
Stewardship - of our resources, knowledge and care



Strategic Directions

What we plan to accomplish over the next five years: focusing on our mission, guided by our values and conscious of our commitments.

1) Enhance Patient Experience

Enhance patient experience and outcomes by listening more carefully to patients and considering their needs when designing and delivering services.

2) Improve Quality and Integration

Improve access to quality and safe care through improved integration of services and the use of evidence-informed practice.

3) Foster Public Engagement

Work with the community to improve its health and well-being by forging partnerships and collaborating with those we serve.

4) Support a Positive Work Environment

Enhance quality care by fostering a work environment where staff are valued, supported and accountable, and who reflect the diverse nature of our community.

5) Advance Research and Education

Work with stakeholders to enhance academic performance through the development of an academic health sciences network where clinical education and research activities are better aligned and integrated.
(Health Sciences Network)

6) Build Sustainability

Balance the provision of health-care services within the available resources to ensure a sustainable health-care system.

The strategic directions outlined above were in effect April 1, 2011. Activities in our health region as featured in interviews in this annual report, have commenced under these directives and are guided by our vision, mission, values and commitments.

Vision, Mission et Valeurs 2006-2011

Notre Mission

L'Office régional de la santé de Winnipeg a pour mission de promouvoir et de favoriser la santé et le bien-être en effectuant la gestion et en assurant la prestation des services de santé dans la région de Winnipeg. L'ORSW contribuera à l'amélioration de la santé en jouant un rôle de premier plan, en rendant possible la prestation de services de santé de grande qualité à Winnipeg et en mettant sur pied des partenariats avec la collectivité. Nous avons à cœur la sécurité des soins et des patients.

Notre Vision

Nous apportons des changements positifs sur les plans de la santé et du bien-être de la population en jouant un rôle de premier plan dans les services de santé de Winnipeg et en concluant des partenariats avec ceux qui partagent nos objectifs. Nous nous engageons à favoriser la diversité et à soutenir la communauté autochtone en prenant des mesures qui répondent aux besoins en soins de santé par l'entremise d'initiatives de dotation, par la participation active au réseau de la santé et par l'amélioration des services.

Notre vision englobe six volets principaux axés sur nos orientations stratégiques : prévention et promotion; traitement et soutien; collectivité; personnel; recherche et éducation; responsabilité.

Nos Valeurs

L'ORSW s'engage à promouvoir et à offrir des services de soins de santé d'une manière compétente et empreinte de compassion qui garantit l'excellence, l'innovation, la collaboration et la responsabilité.

PRIORITÉS ORGANISATIONNELLES 2006-2011

Programmes de santé autochtone

La ville de Winnipeg compte la plus importante population autochtone urbaine au Canada. L'état de santé des Autochtones est bien inférieur à celui des autres Canadiens. Jusqu'à 40 % des patients des hôpitaux urbains peuvent être d'origine autochtone et on estime que les Autochtones utilisent les hôpitaux et les services médicaux à un taux de deux à trois fois supérieur à celui des autres Manitobains. L'ORSW sait qu'il est nécessaire de comprendre les facteurs historiques et culturels en jeu chez les Autochtones pour pouvoir créer des services de soins de santé appropriés. En 2006, les Programmes de santé des Autochtones ont été élaborés en collaboration avec la communauté autochtone, et aujourd'hui, ils permettent de fournir des programmes coordonnés dans les domaines des services de santé directs, des programmes culturels et des ressources humaines pour la région sanitaire de Winnipeg. Nous continuons à élargir et à améliorer nos services afin de répondre aux besoins changeants des Premières nations, des Inuits et des Métis en milieu hospitalier, dans la communauté et au sein de notre main-d'œuvre.

Sécurité des patients

La sécurité des patients et des clients demeure prioritaire pour l'ORSW. Nos prestataires de soins de santé s'efforcent systématiquement d'offrir des soins sécuritaires. Au cours de la dernière décennie, la question de la sécurité des patients et de la prévention des situations préjudiciables a pris de l'ampleur sur les plans international, national et local. Nous avons observé un changement fondamental quant à la façon dont les soins de santé devraient être offerts et en ce qui concerne la responsabilité des prestataires de services à l'égard des patients et de l'ensemble de la collectivité. Aujourd'hui, l'ORSW est réputée partout au pays pour savoir créer des processus et des initiatives qui garantissent la sécurité des patients et pour assurer la transparence des services de soins de santé. Appuyée par des ressources et des stratégies efficaces, notre équipe responsable de la sécurité des patients demeure déployée pour améliorer la sécurité des patients dans toute la région.

Délais d'attente et accès

L'ORSW s'est associé à Santé Manitoba pour s'employer à résoudre les questions des délais d'attente et de l'accès aux services. L'ORSW a reçu de Santé Manitoba des fonds destinés à la réduction des délais d'attente pour des interventions chirurgicales et diagnostiques précises et informe chaque mois le Ministère des progrès accomplis en ce sens. Les listes d'attente des secteurs prioritaires sont toujours gérées conjointement avec les responsables des programmes de manière à réduire les arriérés de travail et à en prévenir de nouveaux. Globalement, les délais d'attente se sont améliorés. Jusqu'à présent, nous avons surtout concentré nos efforts sur les délais de traitement, mais nous prenons aussi des mesures visant à réduire les délais de consultation médicale. Nous allons aussi de l'avant avec des stratégies qui permettent d'accélérer la prise de rendez-vous et donc d'informer les patients et les médecins qui les aiguillent de la date à laquelle ils peuvent s'attendre à obtenir un traitement.

Bien-être et sécurité du personnel

Un personnel en santé qui travaille dans un milieu sain offre aux patients des soins de meilleure qualité et davantage sécuritaires. L'ORSW emploie quelque 28 000 personnes – et chacune d'elles contribue à la santé et au mieux-être des résidants de la région sanitaire de Winnipeg et des personnes qui ont accès à nos services. Faire du mieux-être et de la sécurité des effectifs une priorité organisationnelle non seulement revient à reconnaître la nature essentielle du travail de nos employés, mais permet aussi de s'attaquer à la question du recrutement d'employés compétents et de leur maintien en poste.

Mission, vision et valeurs 2011-2016

En 2011, le conseil d'administration de la Région sanitaire de Winnipeg a adopté un nouvel énoncé de vision, de mission et de valeurs, construit sur les priorités du plan stratégique précédent. Selon le nouveau plan quinquennal, nous chercherons davantage à améliorer l'expérience du patient, la qualité et l'intégration des services et la mobilisation de la population.

Notre Vision

Une population en santé, des collectivités dynamiques, des soins pour tous

Notre Mission

Coordonner et assurer la prestation de services compatissants et sécuritaires qui favorisent la santé et le bien-être.

Nos valeurs

Dignité - le reflet de la valeur de chacun
Compassion - une attente inconditionnelle de chacun
Respect - la mesure de l'importance accordée à chacun

Nos engagements

Innovation - afin de favoriser l'amélioration des soins, de la santé et du bien-être
Excellence - en tant que norme en matière de soins et de services
Saine gestion - de nos ressources, de notre savoir et de nos soins

Orientations stratégiques

Ce que nous voulons accomplir au cours des cinq prochaines années, en gardant le cap sur notre mission, guidés par nos valeurs, dans le respect de nos engagements.

1) Améliorer l'expérience du patient
Améliorer l'expérience des patients et les résultats obtenus en écoutant plus attentivement les patients et en tenant compte de leurs besoins au moment de concevoir et de fournir les services.

2) Améliorer la qualité et l'intégration
Améliorer l'accès à des soins sécuritaires de qualité en intégrant mieux les services et en utilisant par la suite les pratiques fondées sur l'expérience.

3) Encourager la mobilisation de la population
Collaborer avec la collectivité pour améliorer sa santé et son bien-être en établissant des partenariats et des associations avec la population servie.

4) Favoriser un milieu de travail positif
Améliorer la qualité des soins en créant un milieu de travail dans lequel le personnel est valorisé, appuyé et tenu responsable de ses actes et qui reflète la nature diversifiée de notre collectivité.
5) Faire avancer la recherche et l'éducation

5) Faire avancer la recherche et l'éducation
Travailler avec les intervenants pour améliorer le rendement universitaire en constituant un réseau d'établissements d'enseignement en sciences de la santé dans lesquels les activités de formation et de recherche clinique sont mieux harmonisées et intégrées.
(Réseau d'établissements d'enseignement en sciences de la santé)

6) Renforcer la viabilité
Équilibrer la prestation des services de santé et les ressources disponibles pour assurer la viabilité du système de soins de santé.

Les orientations stratégiques présentées ici sont entrées en vigueur le 1er avril 2011. Dans notre région sanitaire, les activités présentées dans les entrevues qui figurent dans le présent rapport annuel ont été entreprises en vertu de ces directives et sont guidées par notre vision, notre mission, nos valeurs et nos engagements.

Message from the Board Chair and President & Chief Executive Officer

We are pleased to submit for your review the 2010-2011 annual report of the Winnipeg Regional Health Authority.

The Winnipeg Regional Health Authority is about to embark on a new chapter in its continuing journey as a health region as we move forward with focus on our new vision, mission, values. We have a new strategic direction for the Region that is filled with great potential and opportunity: embracing new technology, innovative processes, and forging effective partnerships with social, cultural, education and community organizations.

Our Vision, Mission and Values are the principles of what everyone within the Winnipeg Health Region does to preserve and protect the health and well-being of our community and those who seek our caring services. Accompanying our mission is a list of strategic directions. They encompass what we, in concert with the many organizations of the Winnipeg Health Region, will use to guide our operations, make important decisions and ultimately lead us to fulfil our Mission: To coordinate and deliver safe and caring services that promote health and well-being.

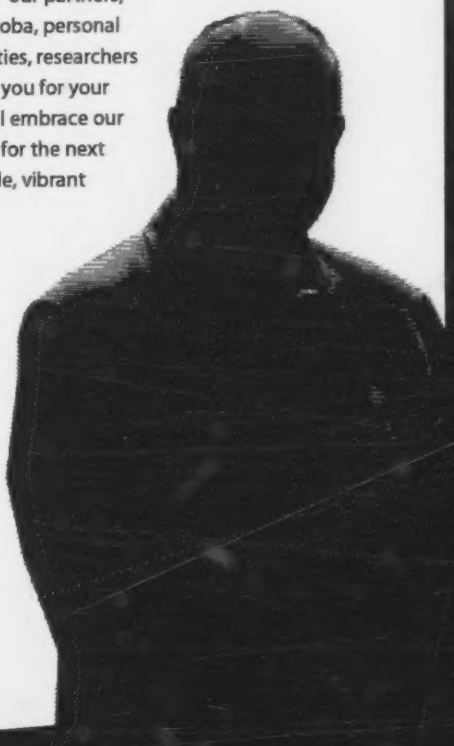
In developing this new strategy, our Board and senior management have conducted much due diligence regarding where we need to take the Winnipeg Health Region over the next five years. As part of that due diligence we've also assessed how we've performed over the past five years, fulfilling the directions of our previous Organizational Priorities initiated in 2005. We've looked at the successes and challenges that have been imperative to the sustainable provision of health care services in our community: patient safety, Aboriginal health, wait times, workforce wellness and safety. Today, we have learned much from these endeavours, and have imbedded what we've learned into many current operations, workforce culture, programs and administrative functions.

This annual report encapsulates those efforts over the past five years, and also provides insight into the new strategic directions we will embark upon. And just as we encountered in our previous mission, there will be new challenges to contend with: balancing limited resources and ensuring high quality care in a cost-conscious culture; building a sustainable health care service as our population ages; incorporating innovation into our services with new technology such as electronic health records, SAP, or infusing state-of-the-art medical equipment into our care plans.

We will address these challenges, once again calling upon the skills and expertise flush within our region. It is thanks to the many people who work in our health region that we can celebrate the accomplishments of our past. However, it is this core of people we will consistently rely upon to accomplish our mission for the future. Without their dedication and devotion to providing safe and caring services - day-in, day out - our mission could not be fulfilled.

At this juncture we would like to thank some of our past Board members who have contributed to the governance of our health region and helped set the tone for our future: Ray Cadieux, who served as our Board treasurer since 2007, and Board members George Wall, Louis Druwé, and Jim Derksen. Thank you for your contribution and service to the health region of your community and all the best in future endeavours.

And to the many organizations we work with daily to deliver health and social services – our partners, funded agencies, University of Manitoba, personal care homes, community health facilities, researchers and government entities – we thank you for your continued support and hope you will embrace our new strategy and support our vision for the next five years and beyond: healthy people, vibrant communities and care for all.



Dr. John Wade, Board Chair

Arlene Wilgosh
President & Chief Executive Officer

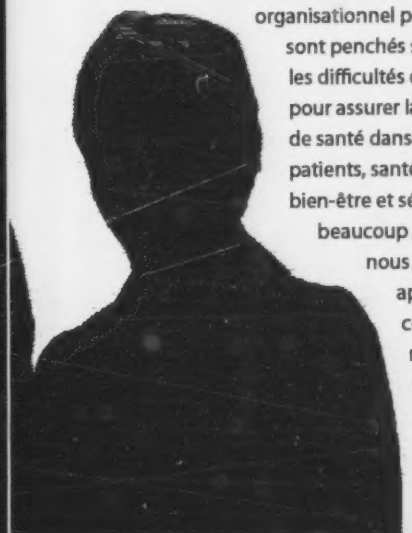
Message du président du Conseil d'administration et de la présidente-directrice générale

C'est avec une grande fierté que nous soumettons à votre examen le rapport annuel 2010-2011 de l'Office régional de la santé de Winnipeg.

L'Office régional de la santé de Winnipeg se prépare pour un nouveau chapitre de son histoire en tant que région sanitaire, en mettant le cap sur une nouvelle vision, une nouvelle mission et de nouvelles valeurs. La nouvelle orientation stratégique de la Région renferme un immense potentiel et de grandes possibilités : adopter de nouvelles technologies et des processus novateurs, et forger de solides partenariats avec les organisations des domaines social, culturel, éducatif et communautaire.

Notre vision, notre mission et nos valeurs sont les principes qui sous-tendent le travail que chacun dans la Région sanitaire de Winnipeg accomplit pour préserver et protéger la santé et le bienêtre de notre communauté et de ceux qui font appel à nos services de soins. Notre mission s'accompagne d'une liste d'orientations stratégiques qui constituent les voies que nous suivrons, de concert avec les nombreuses organisations de la Région, pour mener nos activités, prendre les décisions importantes et, en fin de compte, accomplir notre mission : Coordonner et assurer la prestation de services compatissants et sécuritaires qui favorisent la santé et le bien-être.

En élaborant cette nouvelle stratégie, notre Conseil et la haute direction ont réfléchi comme il se doit à la direction que doit prendre la Région sanitaire de Winnipeg au cours des cinq prochaines années. Avec la même diligence, ils ont évalué le rendement de la Région depuis les cinq dernières années au chapitre des orientations dictées dans le plan organisationnel précédent, adopté en 2005. Ils se sont penchés sur les succès de la Région et sur les difficultés qu'il fallait absolument surmonter pour assurer la prestation durable des services de santé dans notre communauté : sécurité des patients, santé des Autochtones, délais d'attente, bien-être et sécurité du personnel. Nous avons beaucoup appris de ce travail et, aujourd'hui, nous appliquons ce que nous avons appris dans nombre de nos activités courantes, dans notre culture, dans nos programmes et dans nos fonctions administratives.



Le présent rapport annuel décrit les efforts déployés au cours de ces cinq dernières années, en plus de donner un aperçu des nouvelles orientations stratégiques que nous suivrons désormais. Nous avons dû abattre des barrières pour remplir notre mission précédente, et nous devrons maintenant en abattre de nouvelles : en gardant toujours à l'esprit les coûts, trouver l'équilibre entre ressources limitées et soins de grande qualité; établir un service de soins de santé durable pour répondre aux besoins d'une population vieillissante; offrir des services novateurs à l'aide de nouvelles technologies comme les dossiers de santé électronique ou la technologie SAP; intégrer de l'équipement médical à la fine pointe du progrès dans nos plans de soins.

Pour relever ces défis, nous ferons encore une fois appel aux compétences et au savoirfaire qui foisonnent dans notre région. C'est grâce aux 28 000 personnes qui travaillent pour la Région sanitaire que nous pouvons célébrer nos réalisations du passé, et nous aurons constamment besoin de ce personnel pour accomplir notre mission à l'avenir. Sans leur dévouement et leur détermination à dispenser jour après jour des services compatissants et sécuritaires, nous ne pourrions mener à bien notre mission.

Maintenant, nous aimerions remercier certains des membres sortants du Conseil d'administration qui ont contribué à la gouvernance de notre région sanitaire dans le passé et à donner le ton pour l'avenir : Ray Cadieux, qui occupait le poste de trésorier depuis 2007; George Wall, Luis Druwe et Jim Derksen, administrateurs. Merci pour votre contribution à la région sanitaire de votre communauté. Nous vous souhaitons bonne chance dans vos nouvelles attributions.

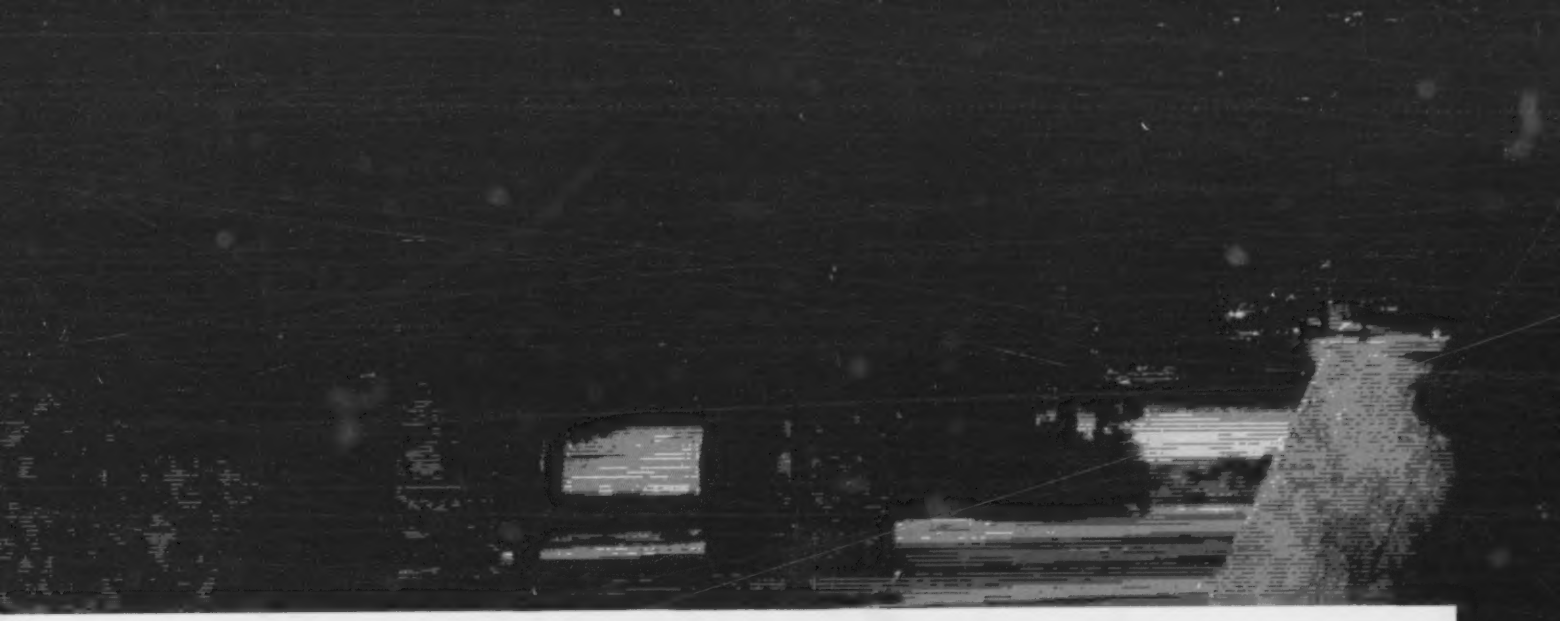
Quant aux nombreuses organisations avec lesquelles nous entretenons des relations pour assurer les services de santé et services sociaux – partenaires, agences qui reçoivent des fonds, Université du Manitoba, foyers de soins de longue durée, établissements de santé communautaire, chercheurs et organisations gouvernementales – nous vous remercions pour votre appui constant et nous espérons que vous adhérerez à notre nouvelle stratégie et appuierez la vision qui nous guidera au cours des cinq prochaines années et audelà : une population en santé; des collectivités dynamiques; des soins pour tous

John B. Wade

Dr John Wade, président du Conseil d'administration

Arlene Wilgosh

Arlene Wilgosh, Présidente et directrice générale



STATISTICAL HIGHLIGHTS 2009/2010/2011

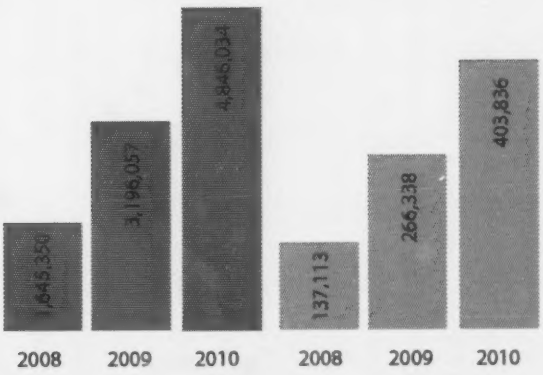
		10/11	09/10	08/09
1. Ambulatory Care Visits (Acute)		**527,963**	532,014	508,515
2. Emergency Department Visits (All Winnipeg)		**285,092**	285,125	258,615
3. Urgent Care Visits (includes Misericordia and Pan Am Clinic)		**103,738**	103,764	100,769
4. Inpatient Discharges[1] from WHRA Facilities by Institution Type	Acute [2]	**81,869**	82,086	80,483
	Rehab [3]	**2,394**	2,380	2,148
	Chronic [4]	**161**	186	184
	Hospice [5]	**89**	80	52
	Psychiatric Free Standing Facility [6]	**189**	181	41
	Total	**84,702**	84,913	82,908
5. Day/Night Care Visits[7] from WHRA Facilities		**77,120**	76,931	75,772
6. Home Care Clients[8] Receiving Services		**13,982**	13,810	13,769
7. Main Operating Room Surgical Cases[9] All Sites		**61,789**	62,529	61,431
8. Births in Winnipeg Facilities [10]		**10,991**	10,953	10,802

		10/11	09/10	08/09
9. Deliveries in the Winnipeg Health Region	In hospital assisted by Physicians [11]	**10,462**	10,441	10,316
	In hospital assisted by Midwives [12]	**258**	246 [1]	221
	At home assisted by Midwives [13]	**83**	113	83
10. Gamma Knife Procedures [14]		**225**	231	289
11. a. Total Number of Residents in Personal Care Homes (PCH) [15]		**5,830**	5,833	5,825
b. Number of Supportive Housing Clients		**516**	516	516
12. Primary Care - WRHA Direct Operations	Number of Physician Positions Filled per Funded Position	**96%**	100%	92%
	Number of Nurse Practitioners Filled per Funded Position	**100%**	100%	100%
	Number of Midwifery Positions Filled per Funded Position	**93%**	93%	100%

		10/11	09/10	08/09
13. Mental Health Community Program	Contacts by Community Mental Health Crisis Response Services [16]	**17,157**	16,670	17,267
	Contacts by Therapeutic Treatment Services [17]	**10,157**	7,624	5,062
	Contacts by Mental Health Access Services [18]	**1,114**	1,002	930
	Clients served by geographic based Community Mental Health Workers [19]	**1,503**	1,484	1,498
	Clients with complex needs served by centrally based Specialized Mental Health Case Management [20]	**1,012**	959	800

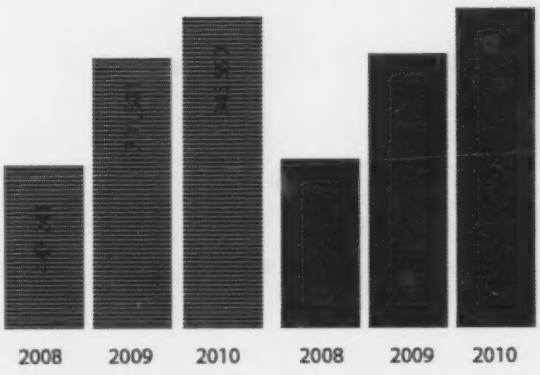
		10/11	09/10	08/09
14. Provincial Health Contact Centre Activity (WRHA)[21]	Health Links - Info Santé [22] - Calls Answered [23]	**152,612**	187,664	155,416
	Health Links - Info Santé - Outbound Calls [24]	**5,274**	6,592	4,289
	Left But Not Seen - Follow Up Contacts [25]	**6,665**	8,460	5,514
	After Hours Central Intake Program - Client Calls answered Live [26]	**139,667**	134,501	129,323
	After Hours Central Intake Program - Outbound Calls [26]	**177,637**	132,964	155,817
15. Influenza Immunizations (Including H1N1)[33]		**27,880**	251,946	19,380

16. Procedure Volumes	2010/2011	2009/2010	2008/2009
Cardiac Procedures			
- All	**1,574**	1,502	1,286
- Coronary Artery Bypass Graft (CABG)	**838**	863	892
Joint Surgery			
- Primary Hip Replacements	**1,388**	1,220	1,346
- Primary Knee Replacements	**1,567**	1,504	1,730
Cataract	**8,304**	8,507	8,526
Pediatric Dental	**1,762**	1,888	1,937
Diagnostic Imaging			
- CT Scans	**107,764**	109,335	104,569
- Ultrasounds	**95,845**	96,363	95,609
- X-rays	**305,895**	305,870	294,764
- Mammograms	**3,155**	3,113	3,013
- Nuclear Medicine	**23,481**	22,752	22,713
- PET	**1,305**	1,270	1,072
- MRI	**47,913**	43,213	39,523
- Bone Density	**7,302**	6,712	7,271
- Angiography	**6,584**	7,740	7,434
- Cardiac Angiography	**11,137**	11,506	12,203
Total Diagnostic Imaging Procedures	**610,381**	607,874	588,171



WRHA website page views

WRHA website average monthly page views



WRHA website visits

WRHA website average monthly visits

Strategic Directions Achievements & Challenges

Prevention and Promotion

Goals and Achievements

Since initiating the Prevention and Promotion Strategic goals in 2006 the Winnipeg Health Region has been promoting evidence-based pathways to help people maintain healthy lifestyles that better protect their health and well being. Today, we look for effective and innovative means to put the maxim "an ounce of prevention is worth a pound of cure" to work for the health of those we serve.

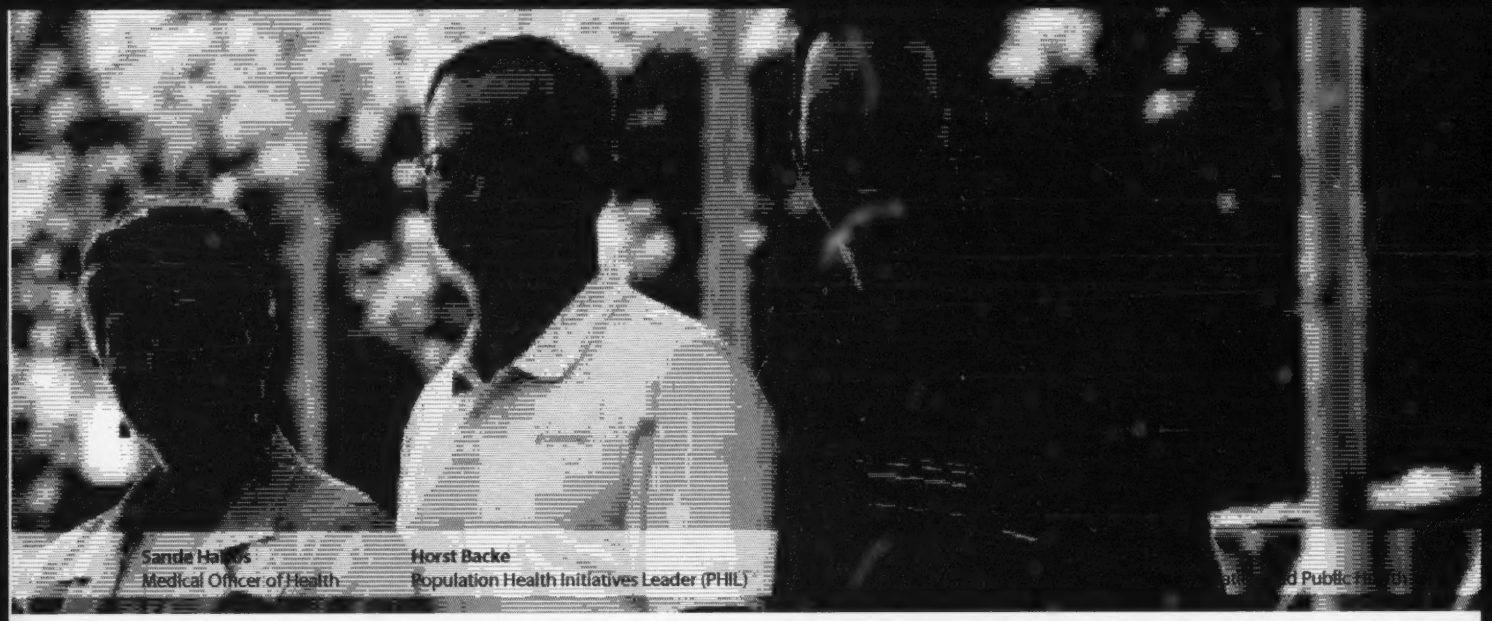
Goal 1

We will have implemented strategies and initiatives that have reduced the incidents of preventable disease in the ongoing priority areas of tobacco reduction, early childhood development and communicable disease control.

Young people aged 15 to 24 were the target of "Relieve Yourself," a frank and innovative social marketing campaign aimed at the prevention of sexually transmitted infections (STIs). Focus testing conducted on behalf of the Winnipeg Health Region demonstrated a surprising lack of knowledge about chlamydia and ghonorrhea, ease of testing and treatment, confidentiality of medical care, and confusion about the effectiveness of condoms. Teens were surprised that this was a health issue affecting them and their peers.

Knowing that health behaviour is easier to form than it is to change, the health region launched an information campaign in March and April 2010. The campaign employed a variety of media including pre-movie infomercials, and Facebook to educate youth in the process of developing sexual habits affecting their health. With its effective "straight talk" message, the campaign encouraged young people to make a pledge to be tested for STIs. The campaign website received nearly 11,000 hits during March and April. A subsequent analysis of the campaign demonstrated that the message is relevant, important and interesting to teens, and the ads and other campaign materials were effective. Based in part on those findings, a follow-up campaign is planned for 2011.

In 2010, as part of our ongoing support of Street Connections, a mobile program designed to prevent the spread of HIV and other sexually transmitted infections, six new needle drop boxes were installed in downtown Winnipeg locations



Sande Hallows
Medical Officer of Health

Horst Backe
Population Health Initiatives Leader (PHIL)

chosen for their proximity to places where discarded needles are often found. The drop boxes contribute to safety in the community by keeping used needles out of harms way. The drop boxes are safe, durable, easy to use, and can have a positive impact on reducing the potential transmission of infections like hepatitis C, hepatitis B, HIV and bacterial infections such as Staphylococcus aureus. The drop box program is a collaborative effort of government and community organizations that include the City of Winnipeg, Street Connections, Manitoba Pharmaceutical Association, Manitoba Harm Reduction Network, Manitoba Hydro and Government of Manitoba.

Healthy Parenting and Early Childhood Development

The Winnipeg Health Region has participated in a variety of healthy parenting and early childhood development initiatives, including:

- Spectrum Connections, a first-in-Canada mobile support team for people with Fetal Alcohol Spectrum Disorder (FASD). This program enhances FASD diagnostic services which are offered at the Clinic for Alcohol and Drug Exposed Children.
- Quality Assurance Families First, an enhanced program monitoring and quality process used to evaluate the program's operations.
- Training of WRHA public health staff in "Triple P- Positive Parenting," an award-winning international parenting program that emphasizes strong nurturing relationships, good communication and positive attention.

The Winnipeg Health Region Board approved a Harm Reduction Position Statement in 2008/2009. Harm reduction refers to a set of interventions that are designed to lessen the negative individual and societal consequences associated with alcohol and drug abuse and other high risk activities, such as prostitution. The region's intent is to try and put measures in place that help protect the health of people who engage in these behaviours. We are also an active participant in the Manitoba Harm Reduction Network, a coalition of over 100 member organizations interested in addressing factors affecting health and preventing the transmission of STIs and blood borne infections such as HIV/AIDS and hepatitis C in Manitoba. To view the WRHA Harm Reduction Position Statement, go to: http://www.wrha.mb.ca/community/publichealth/cdc/files/HarmReduction_PS.pdf

Reduce Tobacco Use

Extensive work has been conducted with the Seven Oaks and Point Douglas community areas to engage high school students in increasing visibility and accessibility to tobacco cessation resources. Programs include:

- Students Working Against Tobacco (SWAT)
- Kick Butt Day (with 55 high schools and more than 1,000 students)

- Presentations on media literacy
- An online tobacco cessation tool kit was created for nurses to use with patients who desire to quit smoking
- Twenty-five facilitators were trained to deliver one-day "Health Behaviour Change" workshops to health region staff. More than 200 front-line staff attended the workshops.

As part of the Winnipeg Health Region celebration of World No Tobacco Day, we reminded the public that regional health care facilities and workplace grounds are smoke-free. This effort has been conducted in concert with the City of Winnipeg passing its outdoor smoking ban on these facilities and outdoor recreation facilities. As an organization that cares for the health and wellbeing of individuals, it is our duty to protect people from the dangers of tobacco smoke. People who are found smoking on or near Winnipeg Health Region property will be asked to move off the grounds to finish their cigarettes. While cooperation is expected, Notices of Enforcement will be issued to people smoking where prohibited. Effective immediately, smokers may also be issued tickets and fined by City of Winnipeg By-law Officers.

The Winnipeg Regional Health Authority supports life-long wellness and its position statement on Healthy Living encourages a variety of initiatives. The high percentage of the population, particularly children, who do not meet the basic requirements for physical activity continues to be a concern that was addressed through a number of initiatives, including Winnipeg In Motion. As a coordinating partner with the University of Manitoba, the City of Winnipeg and Manitoba In Motion, Winnipeg In Motion is committed to sharing knowledge and expertise to support communities by developing physical activity promotion strategies for the health of all citizens.

Goal 2

We will have implemented strategies and initiatives that improve the health of the population in the areas of active living, healthy eating, mental health promotion and injury prevention.

Each year in the Winnipeg Health Region, more than 2,000 adults aged 65 and older are hospitalized due to a fall. The average hospital stay related to these falls is 33 days, making prevention a key priority. In 2009, our Regional Falls Prevention Leadership Committee worked to better coordinate our falls prevention efforts and build greater consistency while sharing best practices, ideas, tools and resources across the region. The committee's recommendations included the identification of fall management assessment tools for use in our Personal Care Home and Home Care programs, and the use of our "Staying on Your Feet" resources to promote community education. These resources offer practical tips on how persons most likely to suffer a fall can take action to maintain their mobility and independence.

Closing the Health Gaps

The effort to put patients first and improve health outcomes in the Winnipeg Health Region is reliant on a frank appraisal of the evidence at hand and a willingness to tailor solutions to those we serve.

Overall, the evidence indicates that the people of Winnipeg enjoy good health. Indeed, the majority of people living in the Winnipeg Health Region describe their health as good, very good or excellent. From a health care perspective, there is much to celebrate, but there are significant challenges as well.

Simply put, research continues to show the existence of significant gaps between the health of those living in more affluent areas of our city and those living in lower income areas – gaps that are in some cases much wider that those of other Canadian cities.

"We have to look at areas where we're not achieving good health outcomes and ask ourselves what we're going do about that," says Dr. Michael Routledge, Medical Officer of Health for the Winnipeg Health Region. "Until we figure out why, we're going to be playing catch-up."

As Dr. Routledge is quick to point out, the health care sector is not the only "owner" of these challenges.

"Research shows us that people who experience barriers due to language, culture or low income, persons experiencing homelessness, people living with mental health issues or addictions, and newcomers face greater risk of injury, infections, mental health problems and chronic diseases. In many cases, these are 'big picture' societal and environmental issues that can't be solved by the health care sector alone."

As a simple example, he cites the challenge of promoting good dietary choices.

"We can, and do, make concerted efforts to ensure that parents are getting their children off to a healthy start in life, but the reality is that in some of our communities, Cola is one tenth the price of milk, and potato chips are significantly less expensive than vegetables. That's not an issue that's going to be fixed by health care workers; it's a question for society at large. How do we make it easier for these parents – many of whom are facing significant financial challenges -- to make the right choices?"

Unfortunately, the answer to these types of questions isn't as simple as providing information.

"This isn't about dictating what's right, or providing the facts as we see them and then walking away. Whether it's about the dangers associated with smoking, sedentary lifestyles, or the keys to healthy aging, sometimes our advice goes unheeded. We need to look at specific situations and determine why certain parts of the city do well and others don't. We can offer programs, services and education, but few in a 'one size fits all' format. They often have to be tailored to the needs and realities of specific groups of people."

To support our efforts to address these issues, the Winnipeg Health Region works to continually access the major factors that influence the health of our communities.

"We work to get the best data we can," Dr. Routledge says. "And we recognize that the health care sector is but one of many mechanisms required to effect positive change. That's why we place a great deal of emphasis on talking with government, our Community Health Advisory Councils, the public, and organizations working for the good of the community.

"It's an iterative and collaborative process of listening, formulating plans, implementing solutions, evaluating what's been done, and being willing to make adjustments based on new information. You have to be willing to work at it until you get it right."

"We will deliver health care. Services will be accessible and available at the right time in a fair manner. They will be delivered in a compassionate and respectful manner, at health-care facilities or at home, by a range of health-care providers, with a focus on safety. Health care services will be innovative, evidence-based and cost effective."

The PRIME program (Program of Integrated Managed Care of the Elderly) is an innovative day program designed as an integrated and coordinated system of care for seniors. Located at Deer Lodge Centre, the new $3.8-million facility serves about 40 clients a day, providing seniors with a range of basic health care services at a one-stop shop, as well, giving them a chance to socialize while allowing their families some much-needed respite. The Centre – which is staffed with a primary care physician, a nurse practitioner, a social worker and other health-care professionals – helps keep its clients healthy and provides direct benefits to participating seniors, their families and the health care system. Feedback from program family members has been positive, with many reporting physical and, in some cases, emotional and mental improvements in their parents. A second PRIME site is slated as part of the Misericordia Health Centre redevelopment.

Wave is the Winnipeg Health Region's health and wellness public magazine. The publication provides readers with news and information they need to lead healthier, happier, and potentially, longer lives. It also supports the Region's ongoing effort to be accountable to the public by providing readers with a glimpse into the inner workings of the health care system, and be a reliable source of health and wellness information that will help build a healthier community. It is published six times a year by the Winnipeg Health Region in partnership with the Winnipeg Free Press. Wave magazine was named one of the top three publications in the province by the Manitoba Magazine Publishers' Association in 2009, and in 2010.

The Winnipeg Health Region expanded its public health and wellness information avenues in the 2009-10 year with the introduction of two electronic information resources. During the height of the H1N1 Influenza campaign, the health region introduced a new Facebook page, providing timely health and wellness information on H1N1 clinics, locations, prevention tips, and other health-related information for the public. Following the H1N1 campaign, the Region continues to provide timely, health and wellness-based stories, recipes, events, and other news for its growing list of Facebook 'fans'.

The Region also introduced a new health and wellness information resource for the public in 2010: Health Connections Winnipeg – an e-bulletin, subscriber-based information resource that delivers a monthly health and wellness e-mail to subscribers, chock full of news, stories, recipes, and e-calendar of health and wellness related events pertinent to the community. Going forward, the Region is also using new social media avenues such as You Tube and Twitter for both staff and public information exchange.

Janet Bjornson
Regional Director, Project Management Office

Gina Trinidad
Executive Director, WRHA Personal Care Home Program

Treatment and Support

Goals and Achievements

We operate in an era of rapidly changing technologies and high expectations. At the same time, those accessing the health care system expect care to be delivered in a manner that is not only efficient, but compassionate and caring. In our strategy to achieve excellence in treatment and support, we've aimed to provide our staff with the tools, technologies and facilities they need to deliver quality care with a human touch.

Goal 1

We will have provided coordinated entry systems to enhance the public's ability to navigate health care services.

Our ongoing efforts to improve patient flow throughout the health-care system have resulted in a number of positive initiatives that are helping to reduce wait times, move patients to the right person at the right time, improve lab and diagnostic testing streams. Since 2006 they have resulted in:

- Development of a regional utilization office,
- Utilization Management System - a decision support tool that helps with effective management of hospital inpatient and health resources
- Redevelopment of emergency room facilities, procedures and technology at Winnipeg hospitals
- Streamlining patient transfers from one hospital to another with focus on the patient experience.
- Creating a discharge facilitator and protocols to ensure patients leaving care facilities have the resources to manage their care outside the facility

ACCESS Centres

In April of this year, the provincial government announced the official start of construction of a new $4.2 million ACCESS centre located at the corner of Keewatin Street and Burrows Avenue. Access Nor'West will be one of five ACCESS Centres developed in Winnipeg, joining ACCESS River East, ACCESS Transcona, and ACCESS Downtown, and will soon be joined by ACCESS St. James, under construction adjacent to the Grace Hospital.

ACCESS centres weave a tighter safety net for people with complex needs, giving individuals who require multiple health and social services a one-stop shop that simplifies their connections to the right people, the right services and the right information. Each ACCESS Centre is designed to meet the unique needs of the area it serves.

Goal 2
We will have reduced length of stay to meet targeted benchmarks

Challenges still exist in the area of length of stay at acute care facilities, particularly with the movement of long-term care patients into personal care homes, or appropriate care facilities, freeing up bed space and resources at hospitals for acute care services. Initiatives to resolve this issue are currently being implemented as part of our Long Term Care Strategy. This includes a redesign of the panel process, identifying barriers and improvement opportunities to better move long-term care patients out of hospitals and into facilities that are appropriate for their care.

The Long Term Care Strategy also involves initiatives that address this issue, including: Supportive housing solutions, assisted living, transitional living/specialized supports, PRIME, dementia care, and care for seniors demonstrating aggressive behaviours.

Aboriginal Personal Care Home
In June, 2011 the Southeast Personal Care Home, an Aboriginal focused care environment designed to serve the long-term needs of First Nations, Métis and Inuit elderly, officially opened its doors. The personal care home is the first of its kind in Winnipeg.

The new facility provides First Nations, Métis and Inuit elders with a home that is welcoming, supportive and culturally appropriate. Located at 1265 Lee Boulevard in the Fairfield Park neighbourhood, the 80-bed facility is a First Nations owned and operated facility which respects holistic values and cultural traditions. The Winnipeg Regional Health Authority's Long Term Care Program will manage health care services at the facility. The 52,000-square-foot facility consists of 4 units, each with its own multipurpose area consisting of a dining room, lounge, recreation area and kitchenette area. Each unit consists of 20 private rooms.

necessary treatment. Being put on a waiting list to see a specialist was too often a 'just in case' response to wait times, one that resulted in a lot of work relating to cancellations and rescheduling."

What was needed, he says, was a more realistic approach to scheduling.

"In essence, many of the requests on the waiting lists were 'potential' rather than 'actual' orders. Through a variety of means, including electronic booking systems, we have been able to organize the system differently across different sectors and work together for better scheduling."

One thing that's worked particularly well is giving patients an improved ability to book appointments that better meet their needs. For instance, a farmer needing a non-emergency medical procedure might prefer a winter appointment over one in the summer. In the same fashion, a teacher could book an appointment for the summer months when she is not teaching.

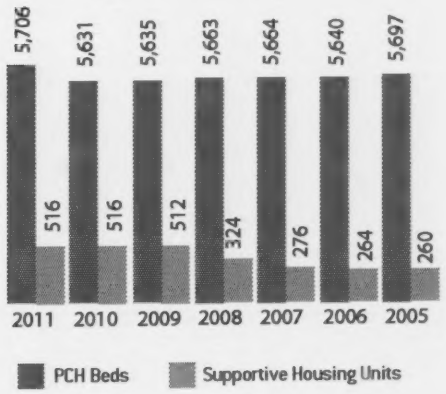
"When we consult people on bookings and tell them we can often provide an option for them to choose what works best for them, their jaws just drop," Dr. Oppenheimer says. "Most people are content to do book procedures when it suits them best. Then, even if that booking isn't for months ahead, it doesn't seem like waiting and it's less of a disruption to their lives."

"Preventative maintenance" also has a role to play in reducing wait times.

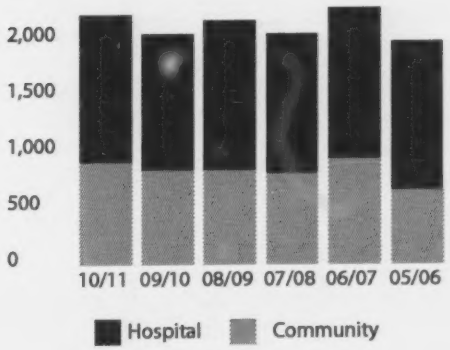
"If medical needs can be compared to car repairs, we'd have to acknowledge that we've been placing the emphasis on repairs rather than preventative maintenance. If you treat high blood pressure early, for instance, you don't get as sick and don't show up in need of emergency treatment. The same holds true for chronic conditions such as diabetes and heart and respiratory conditions. By placing more emphasis on prevention and ongoing maintenance, we help alleviate the strain on specialist resources.

"Our vision for the next five years is to create an environment that allows family physicians and nurse practitioners to schedule specialist consultations and treatment in a reliable and timely fashion. A date will be offered to the family physician in consultation with the patient, giving the patient greater confidence that the date chosen will be honored and more convenient for them. In that environment, wait times don't seem as arbitrary. I compare it to a bus stop: if no one knows when the bus will arrive, everyone arrives early and hangs around waiting because they're afraid they'll miss the bus. But if the bus has a predictable and logical schedule, everyone knows what they have to do and when they have to do it. It's a lot less stressful for everyone involved."

Estimated Capacity in Personal Care Home Beds and Supportive Housing Units



Total number of PCH Placements: Fiscal Year 2005-2011 Community and Hospital



The Southeast Resource Development Council (SERDC), which represents eight First Nations in southeastern Manitoba, contributed funds and the land for the project. One of the SERDC's long-standing goals is to provide appropriate care for Aboriginal elders from First Nations, Métis, Dene, Inuit and non-status communities.

Operational Stress Injuries Clinic

With support from Veteran Affairs, the Operational Stress Injuries Clinic is one of five clinics across Canada providing service to active and retired military personnel with an operational stress injury. Given Canada's presence in Afghanistan, this service has been vitally important in addressing the mental health care needs of soldiers and veterans. This service is funded by Veteran Affairs Canada.

Advance Care Planning

Understanding a person's health care wishes during a time when they unable to communicate those wishes can be an imperative but emotionally challenged issue for patients, family, and health care providers. In 2010 and going forward, efforts to ensure Health Care Directives, as part of a person's prepared advance care plan, are established before these decisions have to be made.

The Winnipeg Health Region is undertaking a campaign to raise awareness about the need to prepare for sudden health emergencies or care decisions. It includes online resources like an advance care planning workbook that will help guide people through a series of questions and important issues to consider when making a Health Care Directive. It also has answers to some common questions about end-of-life medical treatment. Information is currently available on the health region website: www.winnipeghealthregion.ca

Goal 3

We will have reduced waiting times for selected service areas, to within established standards.

The Winnipeg Health Region, through the efforts of our Wait Times Task Force, continues to implement innovative means of reducing wait times for services. The task force has a number of parallel activities currently under way online, including the Patient Access Registry Tool (PART), the Catalogue of Specialized Services (CSS) and Bridging Generalist and Specialist Care (BGSC).

Since 2005 successful projects have reduced wait times and improved access for: hip and knee surgeries, cancer radiation therapy, cataract and cardiac surgery, and diagnostic imaging, supported in part by targeted federal support. As that federal support comes to an end, regional and provincial funding and resource commitments will be focused on:
Diagnostic Imaging - Installing a temporary, mobile MRI to decrease waits at the Health Sciences Centre in Winnipeg; Expanding the volume of MRI services and expanding ultrasound hours throughout Winnipeg,

Wait Times for Selected Services	March 11	March 10	March 09	March 08
Diagnostic Imaging (wks)				
MRI	17	18	14	8
CT	4	3	5	5
US	9	6	5	12
MPS (previously MIBI)	7	14	16	13
BD	4	7	4	3
Cardiac (days)				
All	13	21	27	13
Joints (wks)				
Primary Hips	18	15	15	20
Primary Knees	19	21	16	23
Cataract (wks)	8	12	12	13
Ped Dental	10 (wks)	5.8 (mos)	6 (wks)	3.1 (mos)
Pain (wks)	21	19	28	28
Sleep Lab (days)	163	72	133	108

Orthopedic Services - Adding hundreds of hip and knee replacements at Grace General Hospital, Concordia Hospital and Seven Oaks General Hospital in Winnipeg and at Boundary Trails Hospital in Morden/Winkler; as well, introducing a shoulder-replacement day-surgery program at Winnipeg's Pan Am Clinic; Expanding the implementation of a central intake for joint replacement services in the Winnipeg Regional Health Authority and supporting improved patient flow.

Cardiac Care - More than $17.2 million will support improved cardiac care including:

- Expanding cardiac surgeries by an additional day per week,
- Increasing the number of beds dedicated to cardiac surgeries to support increased surgeries and critical-care capacity,
- Expanding cardiac catheterization services,
- Increasing echocardiography volumes at St. Boniface Hospital and the Health Sciences Centre by 3,000 cases per year,
- Introducing an echocardiography service at Maples Surgical Centre for one year to perform 3,000 cases,
- Increasing echocardiography volumes by more than 1,000 cases per year in Brandon, and
- Supporting improved patient flow and work flow processing.

Sleep Disorders - More than $2 million will be invested to increase sleep-disorder equipment funding to provide treatment equipment to 2,140 additional patients per year.

For more information on our Wait Times activity, see Dr. Louis Oppenhiemer's interview on page 24 of this section.

Dialysis stations

In May, 10 new dialysis stations were officially opened at Health Sciences Centre, coinciding with the launch of a unique pilot project aimed to increase access to support services for people living with chronic kidney disease in and around the Thompson area.

The 10 new stations will accommodate 60 new patients. The new clinic will bring a kidney nurse specialist to Thompson and facilitate a TeleHealth link to Health Sciences Centre which will give residents access to a variety of support services, including kidney specialists, dieticians, pharmacists and social workers among others.

Currently 322 people receive dialysis at HSC; across the province the total is 1,270.

The pilot project will provide approximately 100 patients with access to a variety of kidney health care providers – including physicians – otherwise patients would have to travel to Winnipeg to see.

The new Renal (Kidney) Outreach Clinic will help individuals learn about ways of preventing ongoing damage to their kidneys and offer early clinical assessments. This may prevent or delay the need for dialysis.

Manitoba has some of the highest rates of chronic kidney disease in Canada with many of these patients living in remote Northern communities. It's expected that this pilot project will lead to the establishment of more nurse-led renal health clinics in other remote and rural locations.

Cardiac Centre of Excellence

In April, 2011 a new cardiac sciences surgical services building opened at St. Boniface Hospital's I.H. Asper Institute. This new cardiac centre of excellence supports cardiac specialists in providing quality care to Manitobans when they need it while also providing more space for patient and family privacy, state-of-the-art medical equipment and appropriate space for staff.

The newly renovated 41,000 square foot space, which meets Leadership in Energy and Environment Design (LEED) Silver Standards, includes:

- An expanded 33-bed cardiac inpatient unit
- A dedicated 15-bed Cardiac Intensive Care Unit, that includes an isolation/protection bed
- More private rooms for patients
- Increased private family spaces
- Outpatient clinic for pre-surgery visits and post-surgery follow-up.

The new Cardiac Centre of Excellence adds more capacity to meet the need for cardiac care in Manitoba, and will help to ensure Manitobans receive cardiac surgery within the medically recommended benchmark. A recent analysis by the Canadian Institute for Health Information found that 99% of patients in Manitoba receive surgery within established benchmarks. Since 2004, the number of cardiac surgeons and cardiologists in Manitoba has doubled through the development of the Cardiac Sciences Program.

Emergency Upgrades

In recent years, much work has been done to renovate and rebuild emergency departments throughout the Winnipeg Health Region. Past and current projects include:

- A $3.6-million expansion and renovation of the Concordia Hospital Emergency Department in 2008 that included seven new treatment rooms, private space for counseling, a new triage desk, a new entrance, an upgraded reception, security and volunteer desk, and a new medication room
- A $14 million expansion and redevelopment, in 2008, of the expanded Seven Oaks General Hospital. It included

Program Director, WRHA Emergency Program

a larger patient-care area, three interior ambulance bays, a decontamination room and isolation room for patients suspected of suffering from an airborne illness and an electronic patient monitoring system that allows staff to access patient information from various locations throughout the department

- An expansion of Victoria General Hospital Emergency Department that included a three bay ambulance garage, two trauma/resuscitation, and separate major and minor treatment areas and rooms;
- $4 million in renovations to upgrade and improve Health Sciences Centre Adult Emergency Department. The upgrades will improve patient safety and make friends and family more comfortable during their time in the department. The renovations are expected to be completed in late 2011
- A $20 million project to expand, renovate and modernize the Grace General Hospital Emergency Department. The new Emergency Department will be designed to improve patient flow by adding a new triage area and a rapid-assessment zone in the waiting room while also expanding the minor-treatment area. Planning for the new Grace Emergency Department has begun. Construction is anticipated to begin in 2013 with an estimated completion date of 2015.
- New technology is also being incorporated into the emergency department with the Emergency Department Information System (EDIS) implemented in all Winnipeg Health Region hospitals. The EDIS technology tracks patients throughout their emergency department visit, from triage desk to discharge. Colour-coded monitors allow nurses and other health care staff to easily view the number of patients, how long patients are waiting, lab results and reassessment status. EDIS also includes easy tracking of patient histories in the emergency department to assist with patient treatment. Building on the capabilities of EDIS, the Winnipeg Regional Health Authority Emergency Program is currently developing a prototype of a "waiting room dashboard" that provides accurate wait-time information to patients in emergency waiting rooms.

Pharmacy

Work continues on a major integration and restructuring of pharmacy services within eight Winnipeg health care facilities. The aim of the initiative, which began in June, 2007, is to incorporate a greater use of technology and pharmacy technicians within the drug distribution system. These changes are consistent with those occurring in drug distribution systems across Canada and are expected to increase the amount of time pharmacists are able to spend in a direct patient care role – a circumstance that's been shown to improve medication therapy outcomes.

As part of this changing pharmacist role, the Pharmacist in Emergency Department Project (PhED) will be hiring dedicated pharmacists to support emergency departments in the region. A draft model on how to integrate these pharmacist roles in the emergency departments has been developed. The benefits of having integrated pharmacists in the emergency department not only assist in better quality patient care, but also assist in patient flow through the department, and decrease re-admissions to emergency.

Mental Health Crisis Response Center

March marked the official beginning of construction on a unique, stand-alone, community-based mental health crisis response centre.

The new $14.7 million facility located west of the Health Sciences Centre at 817 Bannatyne Avenue, will provide a seven days a week, 24 hours a day central point of access for people experiencing a mental health crisis.

Services planned for the centre include mental health and medical screening and assessment, crisis intervention and initial treatment services, and psychiatric consultation. The centre was a major recommendation from individuals and their families who experience a mental health crisis, service providers and from the Emergency Care Task Force members, who all realized the need for those experiencing a mental health crisis to have somewhere to go other than an emergency room. As a Centre of Excellence in Crisis Response the CRC will house a range of existing services like Mobile Crisis and Brief Treatment services and add a new 24 hour walk in capacity. Research and teaching opportunities will be critical components. The centre, which is expected to open by autumn 2012, will also be linked to and provide referrals to specialized treatment, rehabilitation and support services for individuals with mental health issues and those with co-occurring mental health and addiction issues.

Birth Centre

The Women's Health Clinic Birth Centre will open its doors in 2011 to women looking for alternative methods and a safe environment for birthing.

The freestanding birth centre offers women the opportunity to give birth outside a hospital setting under the care of a Winnipeg Health Region midwife registered with the College of Midwives of Manitoba. Other prenatal and postpartum services will be provided for midwife clients and will serve as a education and training centre for health care providers.

Northern Connection Medical Centre (NCMC)

The Northern Connection Medical Centre (NCMC), at 425 Elgin Avenue opened in spring 2011. This unique primary care facility was designed with multiple purposes in mind: To provide primary care and other medical services for northern and remote residents who are temporarily in Winnipeg, while at the same time helping train medical residents to become family physicians who will work in northern and remote locations. It will also provide primary care services to families of 17 Wing military personnel.

The centre will also serve as the home base for some of the Winnipeg Health Region physicians who work with the University of Manitoba's Northern Medical Unit, flying into northern communities to provide care. As part of the centre's operations, residents will be supervised by the equivalent of four full-time family physicians. They will spend their first

year of family medicine residency in Winnipeg, with a portion of that training occurring at NCMC. They will spend much of the second year in northern/remote locations like The Pas, Flin Flon, Thompson, Churchill, Rankin Inlet and a number of First Nations communities.

While military personnel are able to receive medical services on base, family and children are not. The Northern Connections Medical Centre will fulfill this service until ACCESS St. James is able to assume this role after construction is completed in 2012.

Women's Hospital

Prior to breaking ground on the new Women's Hospital at the HSC campus, Manitoba Health and the Winnipeg Health Region undertook broad public consultations to help plan and design the new hospital. Through on-line and public forums, we received advice and suggestions from hundreds of women and families as well as doctors, nurses, midwives and other health providers.

This consultative process not only resulted in positive public engagement, but also a 2010 national award of excellence from Canadian Architect Magazine, recognizing the innovative and warm design of the new hospital.

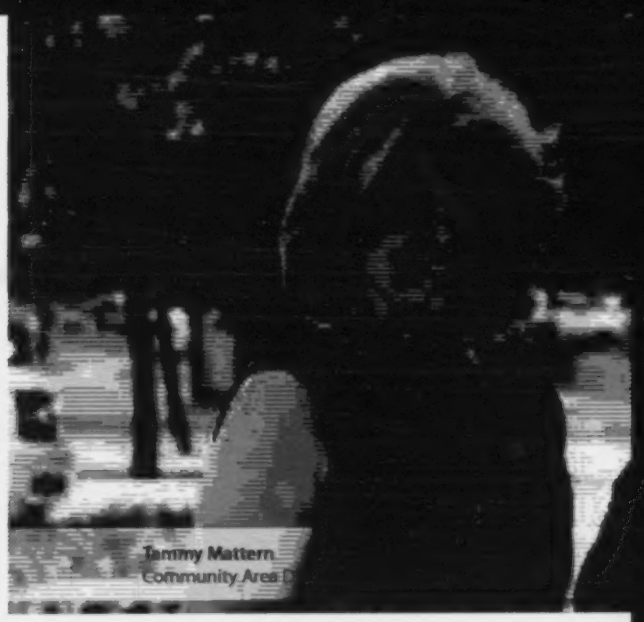
This new facility will be more than three times the size of the current Women's Pavilion at HSC. The 300,000 square feet state-of-the-art facility will support mothers, babies and their families through childbirth as well as serve as a centre of excellence for women's health, offering surgical and consultation services for women.

Located at the corner of William Avenue and Sherbrook Street, it will be strategically connected to the Children's Hospital and the Anne Thomas Building, and will feature:

- Family-centred mother and baby units including fetal assessment, obstetrical triage and family birthplace labour, delivery and recovery rooms
- An expanded, state-of-the-art neonatal intensive-care unit and intermediate-care nursery for newborns requiring specialty care and monitoring
- A women's surgical centre and in-patient gynaecological unit
- 173 beds, an increase of over 25 per cent from the current capacity, to meet the needs of a growing population in Winnipeg and across the province
- Exclusively private rooms with private bathrooms, which are larger home-like and better able to accommodate patients and their families
- Expanded isolation rooms to ensure infection control and patient safety
- Improved accessibility with a convenient patient drop-off area and underground parking.

The facility is expected to be open for patients in 2014.

"We will work with people and organizations in the community to improve health and well-being. We will lead and participate in effective partnerships with a broad range of stakeholders. We will listen and respond to the needs of our community."



COMMUNITY

Goals and Achievements

Health care is not the exclusive domain of health professionals. It is a community concern that calls for a community approach. Over the last five years, we've partnered with, and seek the counsel of, people in our communities in a shared effort to develop a health care system capable of responding to the unique needs and concerns of those we serve.

Goal 1

We will clearly present and make widely available Winnipeg Regional Health Authority information about health, health issues and system performance.

Community Health Assessment

Published in 2010, the Community Health Assessment serves as an important information resource for the many organizations and programs associated with health, wellness and community development. It plays a key role in helping us engage with the public in a shared effort to improve the health for everyone in the Winnipeg Health Region. Our community facilitators, as well as numerous community stakeholders, use this information as part of their ongoing public engagement and community development activities. By sharing and using this information, they are better able to determine strategies and priorities aimed at building stronger communities.

The Community Health Assessment is available on our website: winnipeghealthregion.ca

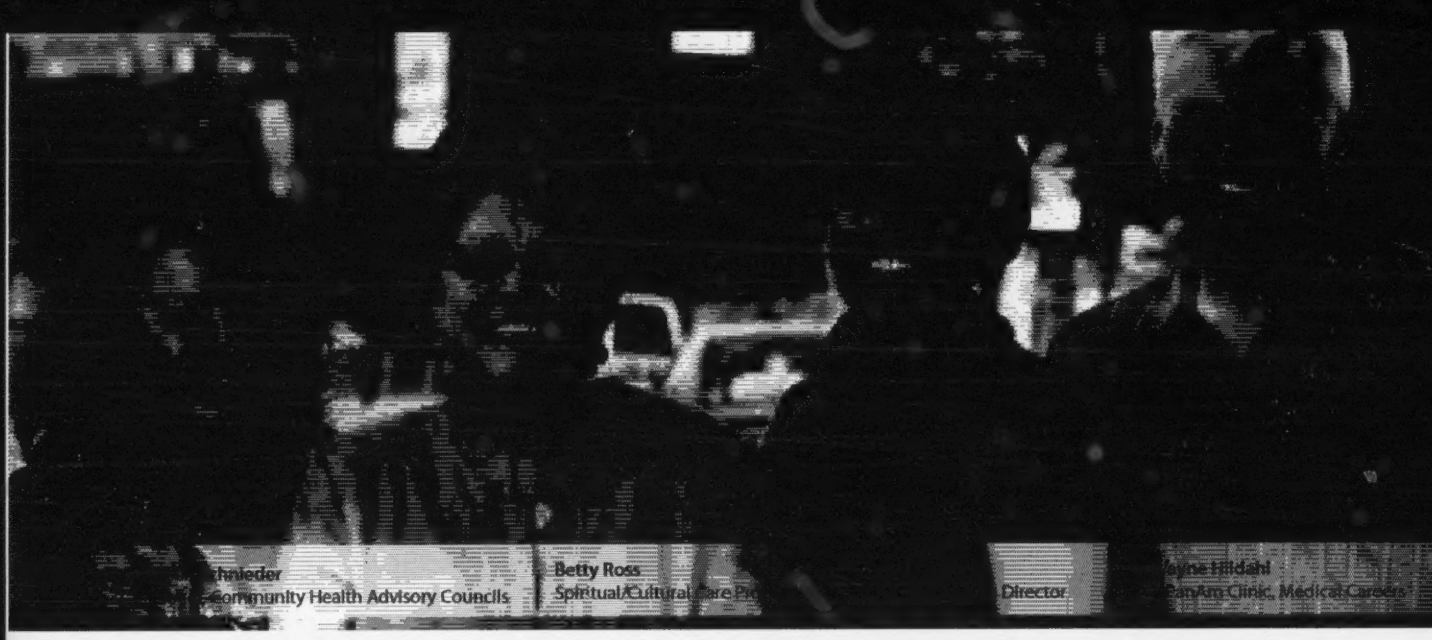
French Language Services

(Version française à la page 65.)

Over the past five years Winnipeg Health Region's French Language Services (FLS) has focused on 10 key internal and external objectives.

To further awareness of the programs and services available in French and to promote public confidence and increased use, a series of print ads have been developed and placed in a variety of media. These have been further supported by information on the region's website, which is now fully bilingual.

Designated bilingual staff, as well as non-designated staff wishing to offer a service in French, can now be easily identified by Hello/Bonjour pins and badges.



To supplement traditional evening French training courses, FLS has created 14 new daytime training options (offered regionally) responding to a variety of staff needs. A resource centre and an educational intranet site have been created to support bilingual employees in their functions.

A growing number of positions have been designated bilingual across the region and, of the total, approximately 70% of those positions are filled by bilingual incumbents.

Ongoing initiatives to educate staff about the value of using French has resulted in rapidly increasing number of bilingual staff providing services to their patients and clients in French, regardless of whether their position is designated.

Feedback methods to allow for two-way communication between the francophone public and French Language Services have been implemented.

All education and information materials geared to the general public are immediately translated and provided in a single bilingual format; past backlogs have been cleared. To supplement the translation services provided by the Conseil communauté en santé du Manitoba, FLS has developed an internal program to translate key staff documents in French, adding to other initiatives designed to enhance a bilingual atmosphere in the workplace.

Designated bilingual and francophone facilities, programs, services and agencies of the Winnipeg Health Region are now required to report annually on their progress with respect to offering services in French allowing for immediate dialogue with FLS to problem-solve through challenges. All five FLS policies have been reviewed, revised and have achieved high levels of compliance in the past five years.

French Language Services has made significant positive progress through these and many other initiatives. The francophone public will be surveyed in 2012 to compare results against an initial survey undertaken in 2007 to develop the five-year FLS plan.

Goal 2
A comprehensive process will be in place that incorporates public and client feedback into the WRHA's strategic plan.

There are several community consultation and advisory structures in place throughout the Winnipeg Health Region. Our ongoing advisory structures include:

- Community Health Advisory Councils
- Mental Health Advisory Council
- Patient Safety Advisory Council
- Elders' Advisory Council
- Aboriginal Health and Human Resources Advisory Committee of the Board
- Children's Hospital Family Advisory Committee
- Renal Patient Representative Committee

Public consultation processes are also increasingly used in certain situations to obtain feedback from the Winnipeg community and to facilitate exchange of information with the public. For example, public consultations were used for the new Women's Hospital interior design theme, the potential of a Grace Hospital name change, planning with partners for a Wellness Centre in Point Douglas, and consultation for the St. James/Assiniboia and Assiniboine ACCESS Centre development.

Our annual general meeting also provides opportunity for public feedback and engagement, as well, the ability to present the Winnipeg Health Region Strategic Plan for 2011-16.

Community Health Advisory Councils
Community Health Advisory Councils are a vital advisory structure for the Winnipeg Health Region and our Board of Directors. These councils are made up of volunteer community members who reflect the diversity and demographic make-up of their community areas. Council members are connected to their communities and have a good understanding of on-going health and social issues in their neighborhoods. The Community Health Advisory Councils explore health issues – taking into consideration the social, environmental, economic, and other factors that affect the health of a population. The Community Health Advisory Councils have completed their ninth year of exploring important health issues for the region and providing their insights, opinions, and suggestions of how to improve the health of community members and how health services are delivered. During their 2010-11 meetings, they provided feedback directly into primary care system planning that was underway. They were asked for their thoughts on key components of new approaches to primary care and as such were able to help shape this innovative model to provide care across the Winnipeg Health Region. They also provided input about how to build public trust in the health care system. Their work on this topic is currently being considered by the Quality and Patient Safety program. The Councils remain dynamic and enable the WRHA Board to hear diverse and committed voices of community members from across the city.

it has to be," he says. "People expect meaningful dialogue and systemic improvements, and not one-way information about how great we think we are. We have to demonstrate that this input is used and valued, otherwise people won't participate in future discussions.

"It isn't easy, and there is a lot at stake. As our population ages, we have to do things differently. What are the choices and options? What model of support are they looking for? As health care demands increase and budgets are constrained, we need feedback on the tough choices we may need to make about resource allocation. We have to understand the issues from multiple perspectives to effectively shape the future."

Given the importance of that ongoing dialogue, it comes as no surprise that a greater emphasis on fostering public engagement is a key priority for the Winnipeg Health Region over the next five years.

"The fact is that while we've always taken the time to listen, we can be much better on communicating with the public. There is an expectation from ourselves, the public and from our Board of Directors to do better."

Efforts to make those improvements will be multifaceted and include:

Building better, more proactive processes to get public input. We will be working hard to identify and invest in best practices that can help us better focus our communication efforts.

How do we respond to public expectations?

Working with our management team and direct care staff to act as ambassadors of our organization and increase the visibility of our leadership in the community. Continuing to improve our website so that visitors can more readily access information about the resources available to them. Navigation will be more intuitive, making information easier to find.

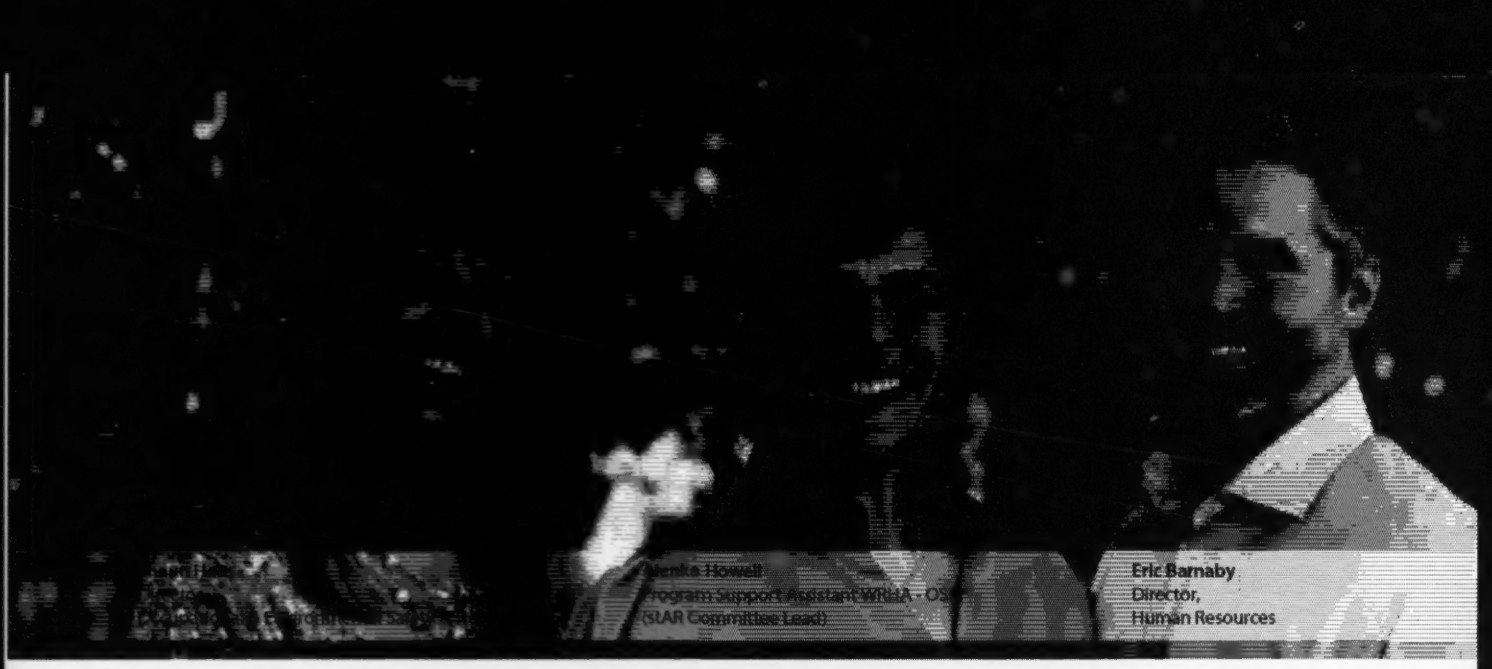
Making the most of our opportunities to "tell our story." As we share what we've done and where we're headed, our accountability and credibility increases.

As we work to address those challenges, there is one major advantage working in our favour.

"We're amazed at the time our stakeholders are willing to give to help us improve the health care system. From individual citizens, staff, advocacy groups, community organizations, the media, and politicians, we have excellent sources of information from which to draw.

"That doesn't mean we can find a quick fix for everything, or that melding those perspectives into a cohesive strategy isn't hard. There are trade-offs in everything, but there's no doubt that taking the time to find out what's important to the public results in better decisions, better health outcomes, and that bringing the right stakeholders to the table often produces better results than if we'd acted alone."

"People are always eager to share their thoughts and viewpoints," Cloutier says. "Our challenge is to harness that, and build it into what we do so that it's not just part of someone's job – it becomes the job.



STAFF

Goals and Achievements

Staff will reflect the diverse nature of our community and a culture that is based on the values of compassion, trust and service. We will be an organization of people who are proud of their work, are accountable and are recognized, respected and rewarded.

Goal 1

We will support individual Winnipeg Regional Health Authority staff and teams as they develop a culture of compassionate care.

Over the past five years, much work has been done to meet and exceed these three goals when it comes to our staff. Ethics is integral to creating a culture of compassionate care. That is why we have an active Ethics Council under the leadership of our Regional Ethics Services. We have advanced our Ethics Strategic Plan by engaging ethics committees and teams, offering ethics education events and participating in projects and policy development.

Another tool that we are working on for managers is an online manager's portal that will provide ready access to HR information, policies, procedures and forms. This self-service tool will also provide consistency for managers, as they will all have access to the same information.

Within this portal will be an Employee Handbook for staff, a one-stop reference point for employees for all their HR-related questions and concerns. As a companion, HR is in the process of developing a Manager Handbook, which will serve as a resource for all HR and supervisory related issues, questions and concerns. The Manager Handbook will be available on Insite, the regional intranet. The portal will also help redirect many inquiries to HR consultants in the region, which will free up their time to work with managers on other concerns and issues.

Much work has been done to enhance employee communications within the region, including: The Health Care Connection, a weekly e-bulletin; Inspire, a bi-monthly newsletter that is available in both print and online; enhancements to Insite, the region's intranet; Notes from Arlene, an open letter from the CEO; and Wave, a consumer health information magazine. The region has also launched a regional careers website, which is a central hub for all jobs within the Winnipeg Health Region. Internal and external applicants can search all the latest job postings on our enhanced careers website and apply for jobs online. This has helped the Region streamline recruitment processes for both internal and external applicants.

Looking Forward in HR

Over the past five years, we have seen some regional integration of human resources services. We have had success in working in a more collaborative way. This has resulted in improvements to attendance support, scheduling guidelines, the Manitoba Nurses Union (MNU) collective agreement interpretive manual, an employee handbook, and a management development program.

Looking ahead, we are enacting a new payroll and HR system called SAP. SAP will enable HR to provide more timely service, and it will give HR, as well as managers, access to more timely information and reports. This will help us redirect staff from transactional roles to more service-oriented roles in Human Resources.

We have also implemented creative ways to address challenges of recruiting and retaining staff. One project involves partnerships with the MNU to increase full time staff without having to delete positions, and creating weekend worker positions for nurses.

The region is also assessing the feasibility of job-ready pools of direct care workers, so managers will have access to pools of applicants who have already been screened for eligibility.

HR has worked with managers to assist with more efficient scheduling procedures throughout the region. This means we can fully utilize staff resources and provide schedulers with more tools and resources.

As a region, we have improved our relationship with the Manitoba Council of Healthcare Unions. This allowed for provincial agreements enabling the movement of staff across employers and jurisdictions during times of responsive health measures, such as H1N1 and this year's flooding. These agreements exist nowhere else in Canada or internationally.

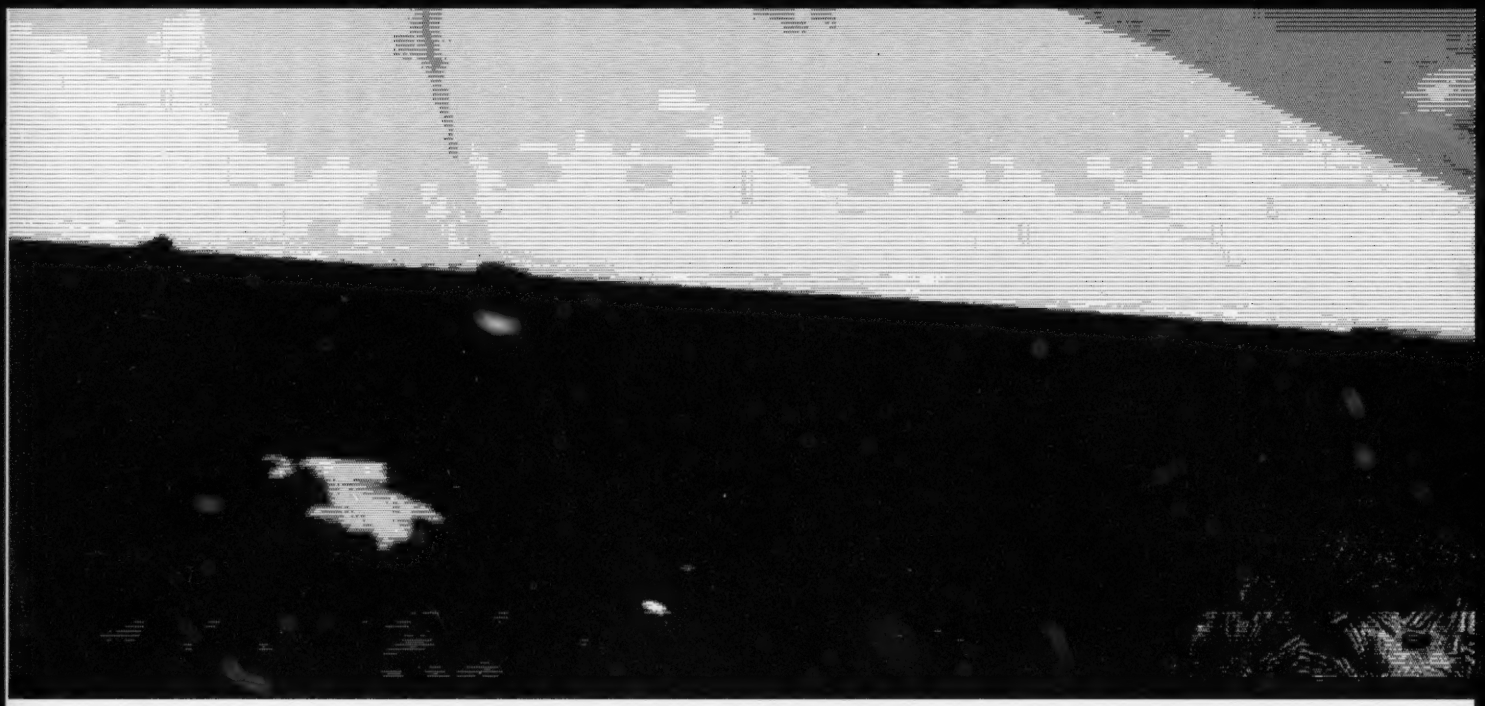
Going forward human resources will support individual staff and teams in developing a culture of compassionate care.

"Whether you care for patients, or work behind the scenes, we are here to provide care to people. As an employer, we need to do a better job of helping people retain that focus. Our policies, procedures and directions need to reflect a culture of care, both as a health care system and staff. We need to care for people, but we also need to care for each other. This is something HR has been addressing by having a respectful workplace policy and a campaign to educate staff. Staff will be learning more about compassionate care as we roll out a campaign and tools to support this cultural transformation."

Another project HR is excited about is the potential development of an employee health clinic. The voluntary clinic would ensure timely and appropriate access to health care providers who are focused on the specific needs of employees on disability and return-to-work programs.

An equity program and policy is under development which will include a representative workforce policy. The representative workforce policy will target the following equity groups: Aboriginal persons, visible minorities, the disabled and women in non-traditional management roles.

"Innovation in human resources will lead to changes to our management and leadership development programs. We will find ways to provide service in a more effective way, utilizing better systems."



Goal 2
We will provide a safer and healthier work environment so that the number of claims and lost time will be comparable or less than similar organizations.

Building a safer and healthier workplace is the mandate of our regional Occupational and Environmental Health and Safety (OESH) unit. OESH has helped the region to reduce our Workers Compensation Board (WCB) rates and costs through initiatives that build awareness of workplace injuries and how they can be avoided. OESH has also developed a number of programs and initiatives to both decrease the amount of time lost due to injuries and illness, such as promoting influenza shots to staff.

Helping injured and ill workers return to work when they are medically able is another one of OESH's priorities. The Region works with injured or ill employees and their health care providers as a team to identify ways and means on how to best recover, and how to best transition back into the workplace. The Graduated Return to Work Program considers the abilities and limitations of the employee in balance with the region's responsibility to meet operational requirements. More information on the program is available on the health region website: www.wrha.mb.ca/staff/safety

Goal 3
We will develop a workforce in the Winnipeg Health Region that more accurately reflects the cultural diversity of the Region and where respect and tolerance is expected and understood.

The region has taken a proactive stance to helping create a more respectful workplace for all through the development of a respectful workplace policy and a staff awareness campaign.

The region has worked hard to develop a more culturally diverse workforce, as well as encourage diversity, cultural sensitivity and tolerance. This has been done through the work of many programs and initiatives including French Language Services training, developing a cultural proficiency framework, encouraging new staff to self-declare if they are of Aboriginal descent, development of a regional retention strategy and networking with various Aboriginal education and employment programs.

Our staff have a myriad of programs and education opportunities available to them to help develop a more culturally sensitive workforce. Some of these opportunities include: ethics training, Aboriginal Cultural Awareness Workshops, Employee Assistance Program workshops, New Grad Day and French language training.

The health region consistently celebrates National Aboriginal Day in June to raise awareness of aboriginal culture and understanding. Celebrations such as hoop dancing and drum groups, CEO Grand Rounds in Aboriginal Health and other cultural-based events are held throughout the region. Information on Aboriginal Health Programs are promoted on the Winnipeg Health Region website: www.wrha.mb.ca/aboriginalhealth

Research and Education

Goals and Achievements

Goal 1

Excellence will have been fostered in knowledge management by providing leadership, encouragement and support to both clinical and non-clinical areas.

A Community Health Assessment (CHA) is a comprehensive document, chock full of significant research material and data that profiles the health and wellness status of a community. Produced every five to six years, the purpose of a Community Health Assessment (CHA) is to collect, analyze and present information so that the health of Manitobans can be understood and improved. The CHA describes the health of a given population and tracks changes over time. It is one source of evidence that is used to inform health services planners. The production of a CHA is the responsibility of each Regional Health Authority in the province.

Based on the findings of its assessment, the Winnipeg Health Region Research and Evaluation Unit conducts further "Focused Community Health Assessment (CHA) Reports" on specific populations in the Region. The reports provide more in-depth analysis of community health issues of interest to the Winnipeg Health Region. In November, 2010 the unit released its first in a series report on "Health of Immigrants and Refugees in the Winnipeg Health Region."

The focused report identifies key issues that decision makers need to be aware of to address the health needs of the increasing immigrant and refugee populations of Manitoba. The report integrates local and national evidence from a number of sources, including: Government of Manitoba Department of Labour and Immigration, Citizenship and Immigration Canada, national reports and related research, existing health authority concept papers, internal reports, and Community Health Action Council discussions of immigrant and refugees activities within Community Areas.

The report is divided into two sections. In Part one: "Setting the Context" the report acknowledged that Manitoba now has the highest rate of immigration in the country, even though the number of immigrants to Manitoba may be small compared to many other larger Canadian centres. Demographic data provide insights into the required health services for this population and, that they are a diverse population, representing all world areas.

In Part two: "Developing an Evidence-Informed Response," the report outlines key health issues affecting immigrants and refugees and identify priorities and key principles for development of service responses in the Winnipeg region. There is growing evidence that newcomer populations are among those who experience inequitable access or treatment.

Presently, the identification of health issues for newcomer populations in the region has supported the opening of the Winnipeg Health Region-operated, BridgeCare Clinic which opened in November 23, 2010. The clinic is helping to mitigate the health and social challenges experienced by immigrants and refugees.

Goal 2

We will respond to the rapid rate of change by supporting current and future staff in acquiring the educational and academic opportunities that will provide them with the required skills and knowledge.

MBTelehealth Network

The MBTelehealth Network uses live interactive video conferences to improve access to health-care services for patients, as well as generating reductions in staff travel and travel time for administrative and continuing education events.

Over 200 different clinician specialists provide services on the network from over 48 different specialty areas. Currently, each RHA has at least one site. At the end of the 2010/2011 fiscal year, 103 MBTelehealth sites were active across the province. Clinical services comprised, on average, 73 per cent of all network activity. The network conducted approximately 9,327 clinical events 2,560 educational events and 12,817 events in total for Manitoba in 2010/11.

In the fall of 2010, MBTelehealth was honored for innovation in the use of information technology in health care by COACH – Canada's Health Informatics Association - and ITAC, the Industry Technology Association of Canada.

MB Telehealth Network Utilization[34] for **Winnipeg** Sites by Category 2010 - 11

Clinical[35]	3,731
Education[36]	2,560
Administration[37]	1,144
TeleVisit[38]	35
Other Sessions	10
Total	7,480

Goal 3

We will foster partnerships that build a strong academic and research role across the four Canadian Institutes for Health Research (CIHR) pillars in the Winnipeg Health Region.

Created by Children's Hospital Foundation Inc. working in partnership with the University of Manitoba's Faculty of Medicine, Winnipeg Health Region and Health Sciences Centre Children's Hospital, the Manitoba Institute of Child Health has developed a solid reputation for research in children's health issues. Currently, there are more than 200 MICH-affiliated principal investigators working on research projects at various locations across Manitoba. The Health Sciences Centre Bannatyne campus facility is home to 21 principal investigators and about 60 research associates, technicians and many internationally-recognized clinicians and scientists specializing in child health research areas.

The Manitoba Institute of Child Health is like a template for Manitoba's emerging Academic Health Sciences Network, under development by the Winnipeg Health Region and the University of Manitoba's Faculty of Medicine, through the shared vision of their Joint Operating Division (JOD).

The network promotes greater collaboration in clinical, education and research programs which will, in turn, enhance clinical care for patients, training for students and support for researchers. Going forward, the network will help better align clinical education and research activities within the two organizations in order to:

- Advance knowledge through research
- Enhance the education of physicians, nurses, researchers, allied health workers and other health-care providers
- Create an environment that embraces leading-edge clinical care.

The network will also support efforts by the region and the University of Manitoba Faculty of Medicine to recruit leading academic clinicians and enhance efforts to entrench Winnipeg's reputation as a centre for medical research.

Goal 4

We will have multidisciplinary education in both the academic and work environment.

Regional Library Services

Staff working in the Winnipeg Health Region have access to a broad range of information resources and services through the University of Manitoba's Neil John MacLean Health Sciences Library located at Health Sciences Centre. Staff also have access to the affiliated Health Sciences Libraries, which are located at St. Boniface General Hospital, Concordia Hospital, Grace Hospital, Seven Oaks General Hospital, Victoria General Hospital, Deer Lodge Centre, Misericordia Health Centre and Riverview Health Centre.

The Winnipeg Health Region Organization & Staff Development (OSD) department of its Human Resources Division, coordinates, supports and delivers a wide range of educational and developmental programs for all staff working across the Winnipeg Health Region.

Through online resources, workshops, and various educational methods, OSD helps departments throughout the region transfer leading practices into clinical practice. In 2010/11, some of the courses and educational awareness initiatives on a regional level focused on:

- Restraint minimization
- Advance Care Planning
- Transfusion
- Wound Care
- Pain Management
- Personal Health Information Act

New Research Projects Initiated in 2010

[1]Reflects the current research in operation for RCC during the 2010/2011 fiscal year, however, some were approved prior to the beginning of the fiscal year.

Site/Facility*	Projects
Health Sciences Centre (adult and child)	232
St. Boniface Hospital	59
Concordia Hospital	3
Grace Hospital	6
Victoria General Hospital	5
Seven Oaks General Hospital	3
Misericordia Health Centre	9
Deer Lodge Centre	10
Riverview Health Centre	8
Regional Head office and community sites	34
Pan Am Clinic	10
Manitoba Adolescent Treatment Centre	0
Rehabilitation Centre for Children	2

Management Development Workshops

Management and Leadership Development workshops and seminars are available for managers and supervisors throughout the region, as well as staff who have been identified by their manager as potential successors for future management positions or for professional development.

The workshops and seminars provide practical tools for health sector managers and supervisors, giving them access to the knowledge and skills they need to handle issues and challenges. Examples include: change management, progressive discipline; respectful workplace and strategic coaching.

Evidence-Informed Practice Workshops

Incorporating evidence into practice is a challenge for all health care professionals in a workplace that increasingly demands higher quality health care. The region's Evidence-Informed Practice Workshop series provides an introduction to the process of using evidence to inform decision making and how that can lead to meaningful change.

Critical incident workshops

The Winnipeg Health Region offers all health-care providers and leaders a one-day workshop to introduce the framework and techniques used in Critical Incident investigations. The workshop helps staff and leaders shift their thinking about Critical Incidents and accident investigations. Instead of simply searching for causes, the workshop helps participants seek to understand or to make sense of what happened that led to patient harm. The workshop also helps staff understand events other than Critical Incidents, including occurrences with minimal harm, near misses, and more generally, unsafe acts that occur within the health care system.

Building on Strengths of Research and Partnerships

Knowledge is power, but in health care, knowledge helps save lives. As such health-care knowledge needs to be gathered, shared, distributed, and incorporated into clinical practice and decisions that affect health outcomes.

The Winnipeg Health Region is not only working towards building knowledge capacity amongst its health care professionals, but finding ways to build partnerships, collaborations and networks that moves research into the best, evidence-informed practices of health care.

Our strategy for 2011-16 includes commitments to "innovation that fosters improved care," and "stewardship of our knowledge." This cannot be accomplished alone, says Dr. Michael Moffat, Executive Director of Research and Applied Learning for the Winnipeg Health Region.

"To increase research capacity in the Winnipeg Health Region, we need more trained researchers working in all parts of the system. The region also needs clinical researchers to develop partnerships with other centres to increase research capacity, as well as research being done in Manitoba."

Aside from two, academic health sciences hospitals, several facilities within the region have established clinical research programs, including: Concordia Hospital's Hip and Knee Institute, the Victoria General Hospital, Pan Am Clinic, Deer Lodge Centre and Riverview Health Centre.

Dr. Moffatt predicts the movement of clinical programs to community hospitals has resulted, and will continue to result, in an increase in clinical research activity at each of the community hospitals in Winnipeg.

"We are working to build research strengths in areas where we are also trying to build clinical strengths. One example is neurology services. We have integrated our research practice to attract neurologists. The addition of the Siemens Institute for Advanced Medicine has also strengthened clinical neurology services."

The Winnipeg Health Region also has one of the best library services available in the country, notes Dr. Moffatt.

"Our library services ensure that our clinicians have access to the best possible evidence available for clinical decision making. Every facility and program within the health region has access to the Health Sciences Libraries."

Fortunately, the region has established a strong partnership with the University of Manitoba (U of M), through establishment of the Joint Operating Division and the ongoing development of an Academic Health Sciences Network. Working together, combining the strengths of research with clinical application, can serve as a template for further partnerships, and build on these strengths.

"The Winnipeg Health Region has been participating in a strategic planning process for health research led by Dr. Peter Nickerson. We are working to bring the research community together. This requires getting each of the hospitals on board, as well as government support and the support of the Manitoba Health Research Council. The region also needs to partner with each of the foundations that fund research activities within our health region."

ACCOUNTABILITY

Goals and Achievements

Accountability to the people we provide care for as well as the government and taxpayers who fund our health care services is of utmost importance at the Winnipeg Health Region.

Over the past five years we have focused on clinical, administrative, financial and health information systems that not only help the region maintain sustainable health care services, but also help health care professionals build connectivity amongst a broad range of disciplines and practices, and in doing so, help increase quality care and patient safety.

Goal 1

We will have implemented clinical information systems that will improve the management of the health region's resources and people.

Manitoba eHealth was established in 2006/07 to develop province-wide health information and communication technology. While funded by the Manitoba government it operates as a division under the Winnipeg Regional Health Authority.

Provincial in scope, Manitoba eHealth collaborates with all regional health authorities (RHAs), Diagnostic Services of Manitoba, CancerCare Manitoba, the Addictions Foundation of Manitoba, as well as health-care providers and their colleges and associations., Manitoba eHealth has implemented multiple projects with the goal to deliver services that enable safe and timely patient care, within a sustainable health system.

eChart

Manitoba eHealth is enabling hospitals, primary care and personal care homes to move from paper-based patient information systems to more robust electronic systems that provide clear, concise and readily available information that can enhance patient care in a timely manner. EChart is doing its part in enabling the move from paper-based systems. EChart Manitoba is a secure electronic system that connects health-care providers to key health information contained in a single, safe, electronic record, currently collected from multiple points of care. Providers authorized to use the system have access to medications dispensed at retail pharmacies, immunizations, demographic information and lab results. The system supports the timeliness and safety of clinical decisions by providing health-care providers across the province with access to key health information in the right place at the right time.

"We will be accountable to our community and report our plans and results."

EChart Manitoba was officially launched in March, 2011 at Kildonan Medical Centre in Winnipeg, the first site to implement the eChart system. As of March 31, 2011, EChart Manitoba was available at seven primary care clinics and emergency departments in Manitoba, with a plan to be available in 34 sites by the end of summer, 2011.

Moving forward, eChart Manitoba will develop and enhance its functionality, and over time, become a cornerstone for connecting health information across our health care system, helping health care professionals make informed decisions.

More information on Manitoba eHealth and the projects it is currently implementing to build a sustainable health system can be found at: www.manitoba-ehealth.ca

Goal 2

We will have implemented an integrated and comprehensive business system that will improve the way we manage spending and assess effectiveness.

Business Process Solution Project (BPSP)

In 2010-11 the Winnipeg Health Region established the Business Process Solution Project to introduce Phase 1 of this major business infrastructure project. The project will effectively standardize current business processes and systems such as payroll, human resources, finance and purchasing under a single SAP environment, replacing current systems that have become obsolete. Putting these disparate systems under one integrated systems umbrella will effectively reduce duplication of administrative and business functions.

As of August 2, 2011, the Finance and Purchasing components SAP were activated "On Time and On Budget" at some of the Winnipeg Health Region sites and departments as part of the first phase of the new system roll out. They include: Health Sciences Centre, Pan Am Clinic, Winnipeg Health Region Corporate and Community locations, Manitoba eHealth, RDF, and Laundry Services. The HR payroll components of SAP are scheduled to "go-live" in Janurary 2012.

With these sites and departments being the first of a multi-phase initiative for establishing the unified SAP system in place of multiple business systems, real-time information will be shared between business areas – providing an accurate picture of people, finances and supplies across the Region. This will be essential to allocating resources where and when they are most needed.

LEAN Thinking

Providing high quality health care in a sustainable and safe manner is a constant challenge for the people who work in the Winnipeg Health Region. Expectations on quality of care continue to grow, while staff, financial and equipment resources are limited. The Winnipeg Health Region has tasked their Project Management Office (PMO) to find solutions to manage resources effectively while focusing on patient, client and resident needs.

In answer to that challenge the PMO has developed a process improvement methodology based on Lean Thinking. Lean Thinking is a business-oriented process improvement method, adapted to the health care environment. It focuses on:

- Identifying and eliminating waste
- Improving process flow to match patients' needs
- Developing processes that make use of the full scope of health care providers practice
- Identifying ways to provide better, safer care without unnecessary delays to the patient

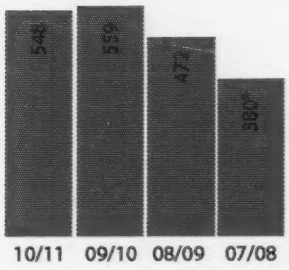
Lean thinking is not a quick fix solution; it involves continuous improvements over time to achieve a transformation in service provision to enhance the patients' experience. Lean Thinking may address simple issues such as the placement of equipment and its distance to where it is used, to more complex issues such as movement of patients and information throughout the health care system. Making simple individual changes in each of these processes, however, can all add up to more efficient processes, less time wasted and better service focused on patients.

The PMO is currently working on the evolution of Lean Thinking as a working tool throughout the health region by providing consultation on how to incorporate and sustain Lean improvements at hospitals, home care, long-term care facilities, and other areas where these methods can improve health care service to patients, clients or residents.

Accountability in Action

Within the WRHA, we define "accountability" as "people's ability to count on each other to get things done." Increasing accountability at all levels improves performance, for individuals, within teams, and in leadership across our organization. The Winnipeg Health Region's Organization & Staff Development department offers programs to strengthen and support integration of accountability within our organizational culture. Working with a core accountability-based model, specific tools and systems are used to develop unique strengths of each team, with a systematic approach that is measurable and sustainable.

Accountability concepts are integrated within all of our services but specific programs include: Strategic Coaching, Accountability in Action, and the Agreements for Excellence™ team-based working session.



Number of Reported Critical Incidents that Occurred in the Fiscal Year [39]

* As Critical Incident Reporting is a live application over time the frequencies and categorizations of critical incidents change for both calendar and fiscal years.

Participants learn to respond to situations in ways that create greater personal and team accountability, developing skills to take actions that are consistent with their intentions and desired goals. Action plans are also created to sustain results for long-term impact.

Goal 2

We will evolve a culture and system that focuses on learning and collaborative improvement where patient safety is the primary focus for all staff.

Since the turn of the century the Winnipeg Health Region has been building a patient safety philosophy and culture that ensures when an unintended error occurs in the provision of medical care, we disclose it, learn from it and make necessary changes to prevent the error from happening again.

Patient Safety Alert Network

The Winnipeg Regional Health Authority is one of just 22 organizations from around the world - including the World Health Organization - that is participating in a collaborative project aimed at preventing the recurrence of harmful events.

Historically, when an incident occurred in one region, other areas were not informed and so learning across jurisdictions did not occur. The Winnipeg Health Region is currently the only health jurisdiction in Canada participating in this partnership project which will make patient safety alerts from around the globe now available on one site and available to both health care providers and members of the public via a net-based platform developed by the Canadian Patient Safety Institute.

The Global Patient Safety Alert project will contain indexed summaries and links to more than 800 patient safety advisories, alerts and recommendations resulting from investigations into adverse events or critical incidents. Global Patient Safety Alerts are publicly available at: www.globalpatientsafetyalerts.com.

Critical incident reports have steadily increased in the region over the past several years. In 2010/11 reports decreased slightly from 559 to 548 over the year prior. Reports are for all sectors of health care in the region: acute, long-term care, personal care homes and community health services. This is an encouraging statistic for the health region as it indicates that staff are understanding and acknowledging that reports of critical incidents help improve the quality and safety of care we provide.

Since 2006, as part of this strategic priority, the region established a Regional Integrated Patient Safety Strategy, focusing on: 1. Promoting culture change 2. Patient involvement 3. Learning from clinical practice 4. Promoting change in care delivery.

In fulfilling the goals of this strategy, the Patient Safety Team also established:

- a Critical Incident Reporting and Support Line – 788-8222, open to anyone affected by what they perceive is a critical incident in health care delivery
- a Safety Learning Summaries document that overviews outcomes of critical incident reviews and posts them on the health region website for staff to learn from
- disclosure Workshops for staff to understand how to contend with adverse outcomes in dealing with staff and patients.

More information on Patient Safety can be found at:
www.winnipeghealthregion/healthinfo/patientsafety

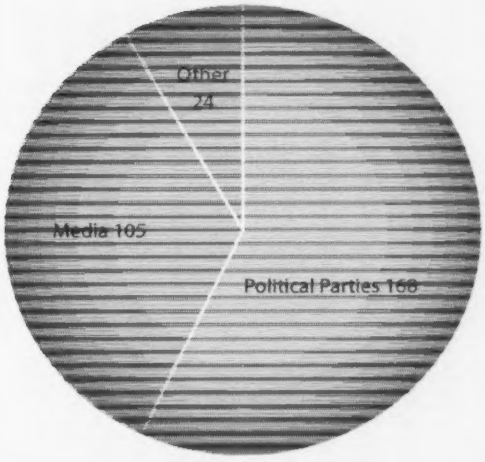
Goal 3

We will demonstrate transparency and openness in our dealings with the public, clients and families.

Our philosophy of openness and transparency in our clinical and care environment is also demonstrated in other fields and disciplines involved in supporting health care delivery.

The Winnipeg Health Region endeavors to provide an open and accessible flow of information to the public, media, political parties and other sources through The Freedom of Information and Protection of Privacy Act. In 2010/11 there were 297 requests for information from the region. The Winnipeg Health Region's Chief Privacy Office has developed a web page created for initiating this process: http://www.wrha.mb.ca/privacy/fippa/index.php

As well, resident requests for information can be made by contacting our Chief Privacy Officer via mail: 650 Main St. Winnipeg, Manitoba, R3B 1E2 or by phone: 926-7049 or fax: 926-7007.



Source of FIPPA requests: Total 297
(Jan. to Dec. 2010)
2009 total: 170

The Personal Health Information Act

In May, 2010 the government amended The Personal Health Information Act (PHIA). Education and information related to the amendments were, and continue to be, made available extensively throughout the Winnipeg Health Region.

Information regarding these changes have been broadly distributed to privacy officers at health facilities in the region, as well, to staff and management to instill awareness and acknowledgement of the new conditions under the Act. In 2010/11 PHIA information continued flowing to staff through online video and website distribution.

Whistleblower Legislation

In April, 2007 the provincial government enacted the Public Disclosure Whistleblower Act to protect people who report wrongdoings in their workplace. The Winnipeg Health Region established a designated officer to oversee whistleblower reports, and has a web page on the staff intranet "Insite" for submitting or responding to a disclosure. As well, staff can talk to their manager if they choose. Since inception no disclosures have been determined any wrong doings in the health region.

In 2010/11, three disclosures were received by the Designated Officer, of those three disclosures:

- One was reviewed and assessed and was determined to not fall within the criteria under the Act. As such, it did not require further investigation by the Designated Officer
- One disclosure was reviewed and assessed and it was determined to not fall within the responsibilities of the Designated Officer of the Winnipeg Health Region. The disclosure was forwarded to the Designated Disclosure Officer of Manitoba Health
- One disclosure was reviewed and assessed and was determined that further investigation by the Designated Officer was warranted. Following this investigation by the Disclosure Officer, however, it was determined that no wrong doing had occurred.

Accreditation

Accreditation Canada conducts a thorough review of all sectors of Winnipeg Health Region care: acute, long-term, community health, personal care homes, and programs. This process provides the region with the opportunity to evaluate its performance against national standards of excellence.

Accreditation Canada has developed a three-year sequential accreditation cycle. Programs or areas to be accredited in 2010 include: Personal Care Home, Rehabilitation & Geriatrics, Population & Public Health, and Adult Mental Health.

A dozen Accreditation Canada surveyors from across Canada visited 45 health-care facilities, observing practice, tracing a client's journey of care, reviewing case files and interviewing staff, clients and community partners.

In reviewing the programs, Accreditation Canada noted that 664 criteria were assessed by surveyors. Of these, 91 per cent of the criteria were met. Results of the survey are available on the Winnipeg Health Region website.

Leading Practice Designations

In 2011, the region's equity immunization program was one of three to receive leading practice designations from Accreditation Canada. Co-Occurring Disorders Initiative - Mental Health and Substance Use training workshop and the Geriatric Program Assessment Teams (GPATs) also received leading practice designations.

Governance

The Board of Directors is the governing body of the Winnipeg Health Region. Their mandate is to provide governance over the business of the region and oversee its service delivery, quality of care, innovation and financial transactions. The Board has responsibility not only for governance, but also: leadership and direction; conditions and constraints; oversights of performance; knowledge of stakeholder expectations, needs, concerns and interests; acting in the best interests of the organization; and ensuring the financial sustainability of the organization.

As outlined in the governance model, the functions of the Board fall under three categories:

Fiduciary: Focusing on the legal responsibilities of oversight and stewardship of the region.

Strategic: Focusing on the planning and issue resolution, particularly around resources, programs and services.

Generative: Focusing on creative thinking – bringing personal insight to problem solving at the Board level.

In 2010/11, following an extensive review of their governance model, a comprehensive Governance Manual was developed. The manual outlines the governance model, detailing the Board's purpose, mandate and functionality as it relates to the relationship and stewardship of the Winnipeg Health Region, its stakeholders, and people they provide care for.

A copy of the 2011 Winnipeg Health Region Board Governance Manual is available on the Winnipeg Health Region website:

http://www.wrha.mb.ca/about/board/files/GovernanceManual.pdf

The Minister of Health names the members of the Board of Directors. As well, the Minister appoints the Board Chair and may appoint the Vice Chair. Ideally, Board directors are selected based on their skill set, trust, expertise and community representation. Directors collectively, must possess knowledge in relation to health, community development, business, finance, law, government, the organization of employees and the interests of residents, clients and patients.

The Regional Health Authorities Act allows for a maximum of 21 directors, the Winnipeg Health Region presently has 17 directors. The Winnipeg Health Region and the Minister of Health have developed a joint nomination process that is focused on the development of a skills-based Board. Both the region and government put forth nominations from which the Minister selects the new Board appointments. Of the positions, three are nominated by the non-devolved community hospitals (Seven Oaks General Hospital, Victoria General Hospital and Concordia General Hospital), and one is nominated by the Salvation Army. The balance of the Board positions are selected to provide appropriate community representation.

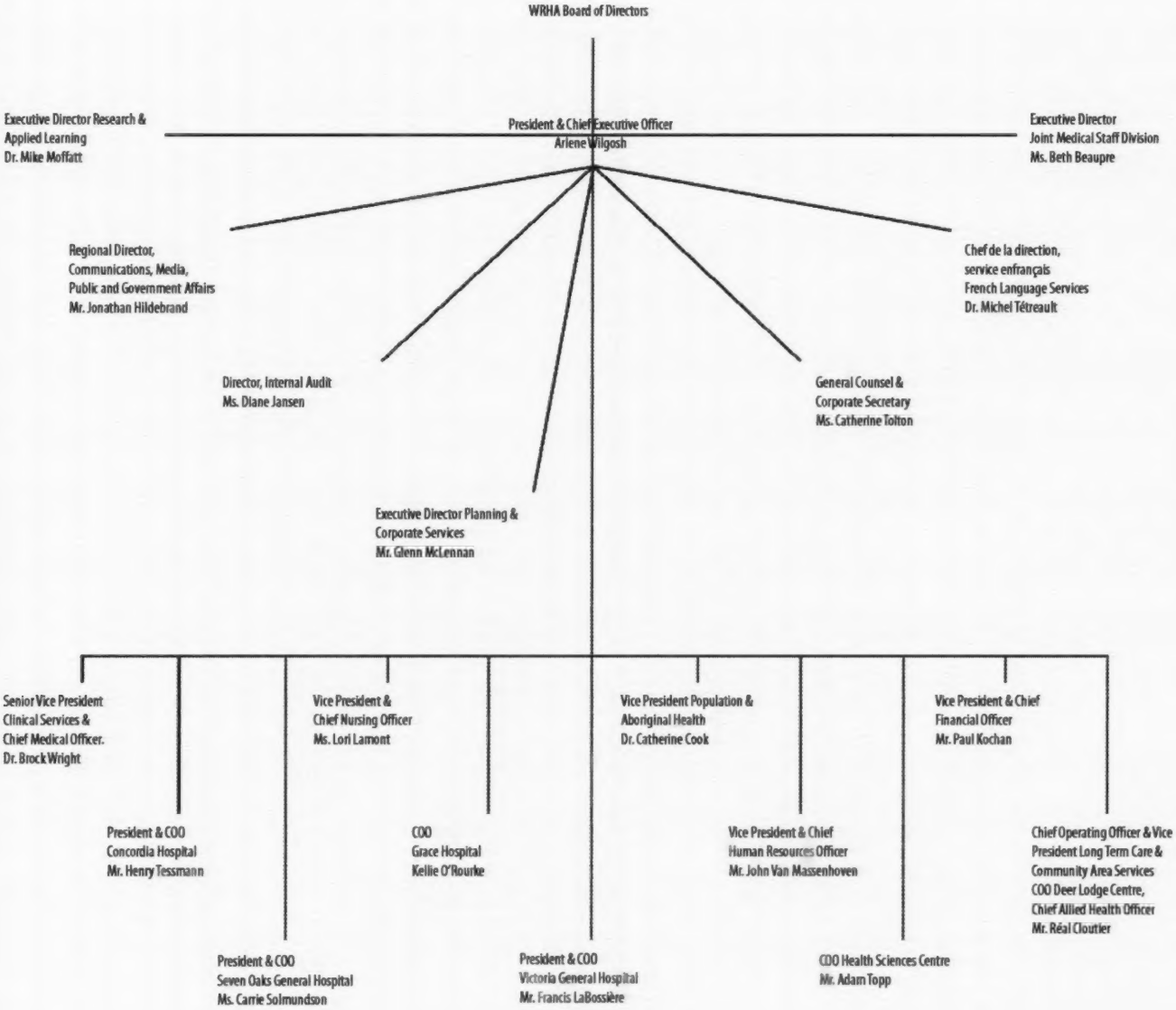
Past serving Board members

Current members

Winnipeg Regional Health Authority,

ORGANIZATIONAL STRUCTURE - 2011

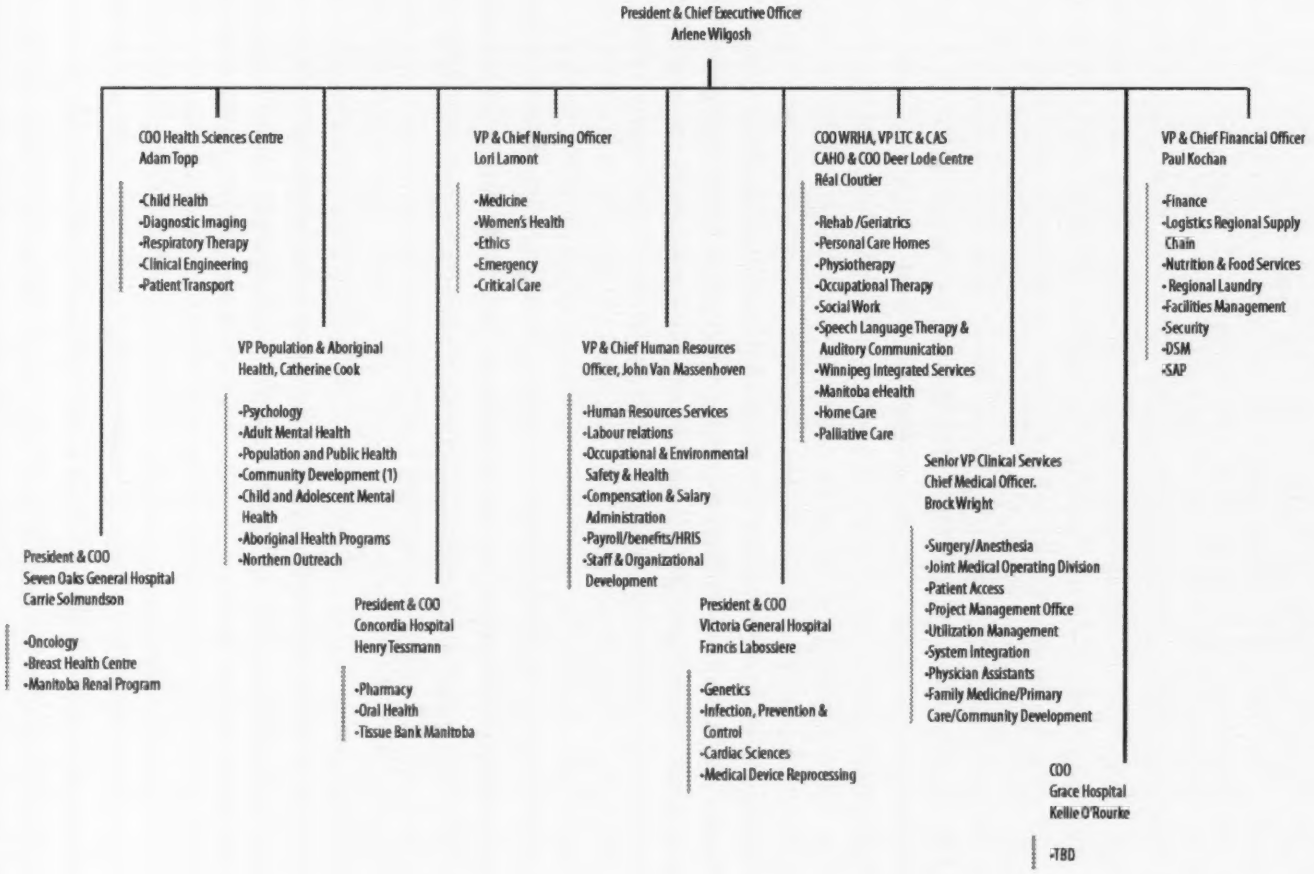
Corporate and Program Structure: Overview

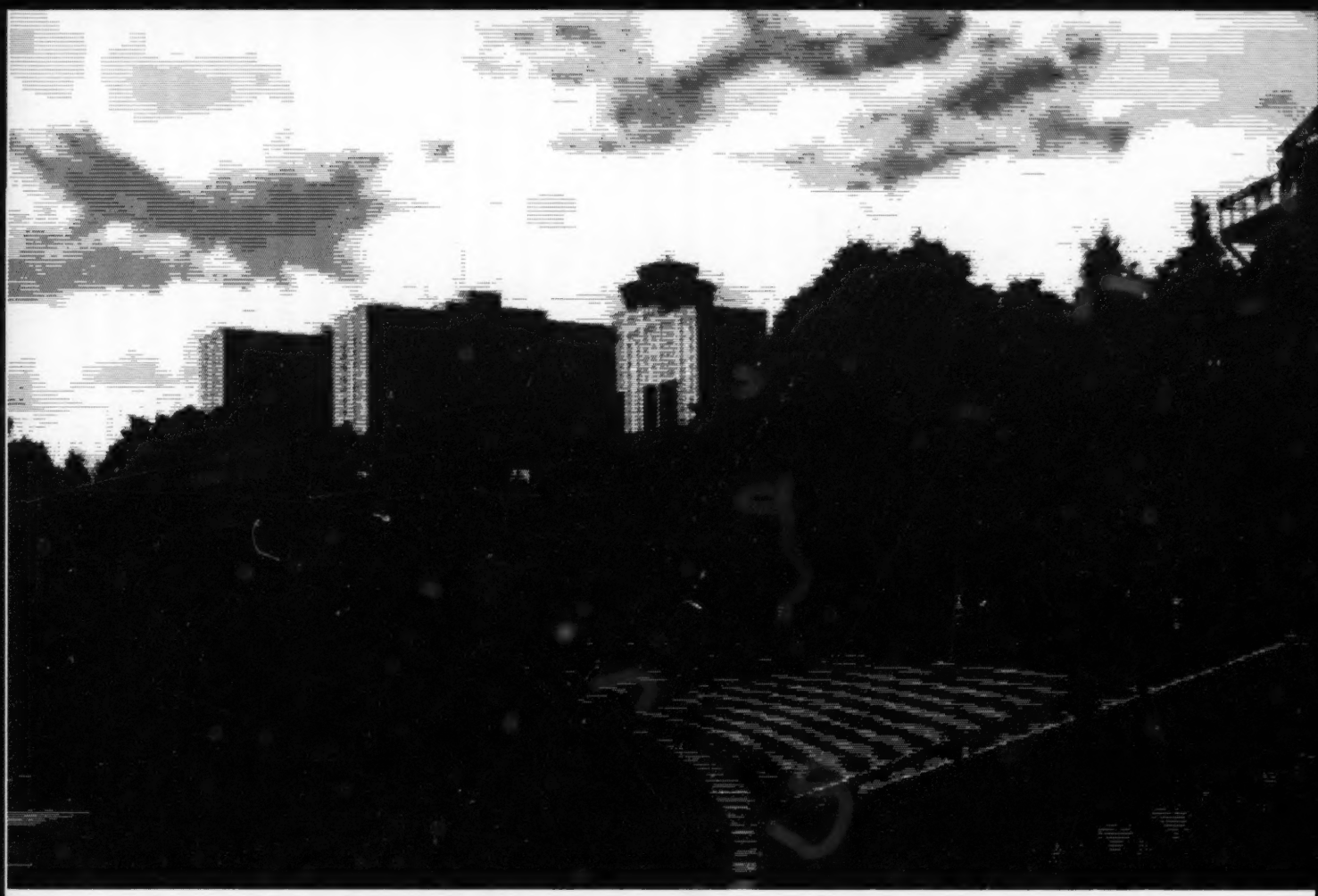

WRHA Board of Directors
President & Chief Executive Officer
Arlene Wilgosh
Executive Director Research & Applied Learning
Dr. Mike Moffatt
Executive Director Joint Medical Staff Division
Ms. Beth Beaupre
Regional Director, Communications, Media, Public and Government Affairs
Mr. Jonathan Hildebrand
Chef de la direction, service enfrançais
French Language Services
Dr. Michel Tétreault
Director, Internal Audit
Ms. Diane Jansen
General Counsel & Corporate Secretary
Ms. Catherine Tolton
Executive Director Planning & Corporate Services
Mr. Glenn McLennan
Senior Vice President Clinical Services & Chief Medical Officer.
Dr. Brock Wright
Vice President & Chief Nursing Officer
Ms. Lori Lamont
Vice President Population & Aboriginal Health
Dr. Catherine Cook
Vice President & Chief Financial Officer
Mr. Paul Kochan
President & COO
Concordia Hospital
Mr. Henry Tessmann
COO
Grace Hospital
Kellie O'Rourke
Vice President & Chief Human Resources Officer
Mr. John Van Massenhoven
Chief Operating Officer & Vice President Long Term Care & Community Area Services
COO Deer Lodge Centre,
Chief Allied Health Officer
Mr. Réal Cloutier
President & COO
Seven Oaks General Hospital
Ms. Carrie Solmundson
President & COO
Victoria General Hospital
Mr. Francis LaBossière
COO Health Sciences Centre
Mr. Adam Topp

Winnipeg Regional Health Authority,

ORGANIZATIONAL STRUCTURE - 2011

COO and Vice Presidents:
Programmatic Responsibilities





BOARD DECISIONS

Listed below are key decisions rendered by the Board of Directors in the 2010/11 fiscal year:

- Approved contribution increases to the Healthcare Employees' Pension Plan;
- Approved a new, comprehensive Conflict of Interest Policy that applies to all staff and Board members;
- Approved an approach to Advanced Care Planning that put the best interest of patients first;
- Approved a minimum goal of health care worker vaccination of 60% for 2010; and
- Approved a new Operating Agreement with the Misericordia Health Centre.

A listing of each month's Board decisions can be found on the health region website, www.wrha.mb.ca.

Community Health Advisory Council Reports

Each year, the Board is required to review and approve the issues to be addressed by the Community Health Advisory Councils. Council members were asked to share their ideas for future topics and presented them to the Board along with the associated deliverables and potential time frames.

In 2010/11, members of the six Community Health Advisory Councils examined the topics:

- Building a Primary Care System: Community Perspectives on Primary Care Home and Network
- Building Public Trust of the Health Care System: Community Perspectives

Copies of these and past reports are available on the Winnipeg Health Region website at www.wrha.mb.ca

Withholding/Withdrawing Life Sustaining Treatment

In 2008, the WRHA Board of Directors requested a review of the organization's approach to withholding and withdrawing life-sustaining treatment. In response, Senior Management of the region formed a working group to carry out this task. A draft report was provided to the Board in January, 2010. In response, a Board working group was established to review the draft report and consider what steps might be taken to establish expectations within the region.

The final report from the Winnipeg Health Region is a comprehensive one and addresses several complex challenges. It was the consensus of the Board 's working group that all of the recommendations be approved for implementation. Recommendations are available in the final report, on the health region website:

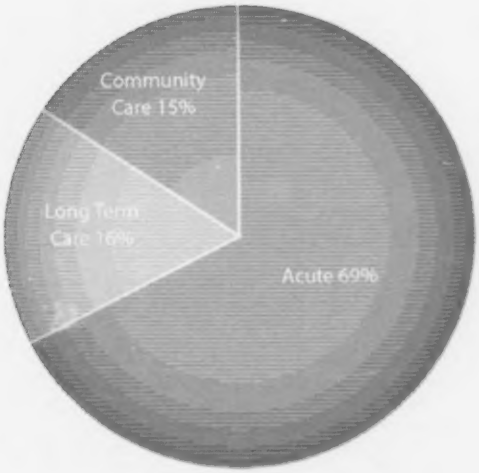
http://www.wrha.mb.ca/healthinfo/reports/files/EndOfLife-BoardReport.pdf

Organizational Structure Changes

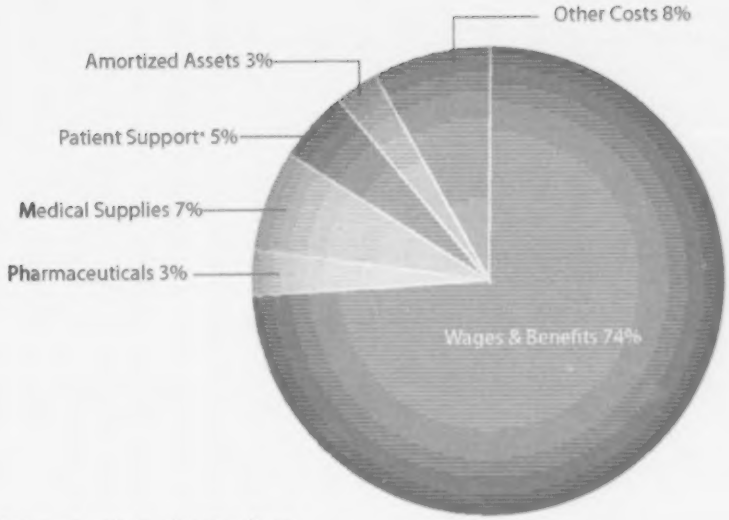
Diane Jansen was appointed the role of Director, Internal Audit in 2010/11. In 2011 Jonathan Hildebrand assumed the role of Regional Director, Communications, Media, Public and Government Affairs.

Following changes to the operating agreement with Misericordia Health Centre, Ms. Rosie Jacuzzi no longer serves on the Winnipeg Health Region Senior Management.

Ms. Kellie O'Rourke undertakes the role of President and COO of Grace Hospital in September, 2011. Ms O'Rourke takes over the leadership role from Adam Topp who continues his Chief Operating Officer position with Health Sciences Centre.



Budget Allocation by Sector



Cost by Major Expense

***Patient Support includes items or services** such as: housekeeping, linen, laundry, food and referred-out services.*

Letter of Transmittal and Accountability

It is my pleasure to present the Annual Report of the Winnipeg Regional Health Authority for the fiscal year ended March 31, 2011.

The 2010/2011 Annual Report of the Winnipeg Regional Health Authority was prepared under the direction of the Board of Directors and in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health.

All material economic and fiscal implications have been considered in preparing this report. The Winnipeg Regional Health Authority Board of Directors has approved the content of this report for publication.

Respectfully submitted,

Dr. John Wade
Board Chair - Winnipeg Regional Health Authority

AUDITORS' REPORT

To the Directors of Winnipeg Regional Health Authority,

The accompanying summarized consolidated financial statements, which comprise the consolidated statement of operations and consolidated statement of financial position, are derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority [the "Authority"] for the year ended March 31, 2011. We expressed an unmodified audit opinion on those financial statements in our report dated June 28, 2011.

The summarized consolidated financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summarized consolidated financial statements, therefore, is not a substitute for reading the audited consolidated financial statements of the Authority.

Management's Responsibility for the Summarized Financial Statements

Management is responsible for the preparation of the summarized consolidated financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summarized consolidated financial statements based on our procuedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summarized consolidated financial statements derived from the audited consolidated financial statements of the Winnipeg Regional Health Authority for the year ended March 31, 2011 are a fair summary of those consolidated financial statements.

Ernst & Young

Winnipeg, Canada,
June 28, 2011

Chartered Accountants

Summarized Consolidated Statement of Operations

For the year ended March 31 (in thousands of dollars)

	2011	2010
REVENUE		
Manitoba Health operating income	$ 2,182,631	$ 2,077,237
Other income	123,219	119,470
Amortization of deferred contributions, capital	64,303	65,641
Recognition of deferred contributions, future expenses	25,877	19,074
	2,396,030	2,281,422
EXPENSES		
Direct operations	2,000,324	1,901,800
Interest	584	747
Amortization of capital assets	68,499	67,173
	2,069,407	1,969,720
FACILITY FUNDING		
Long term care facility funding	271,579	267,854
Community health agency funding	35,737	34,770
Adult day care facility funding	3,157	3,094
Long term care community therapy services	718	715
GRANT FUNDING		
Grants to facilities and agencies	18,741	19,300
	2,399,339	2,295,453
OPERATING DEFICIT	(3,309)	(14,031)
NON-INSURED SERVICES		
Non-insured services income	56,477	63,362
Non-insured services expenses	51,005	57,712
NON-INSURED SERVICES SURPLUS	5,472	5,650
SURPLUS (DEFICIT) FOR THE YEAR	$ 2,163	$ (8,381)

Marc Labossiere
Vice Chair

Dr. John Wade
Board Chair

Summarized Consolidated Statement of Financial Position

As at March 31 (in thousands of dollars)

	2011	2010
ASSETS		
CURRENT		
Cash and cash equivalents	$ 31,399	$ 11,587
Accounts receivable	112,260	125,859
Inventory	28,782	43,771
Prepaid expenses	13,407	13,519
Investments	7,182	6,402
Employee benefits recoverable from Manitoba Health	78,675	78,675
	271,705	279,813
CAPITAL ASSETS	1,209,136	1,139,535
OTHER ASSETS		
Employee future benefits recoverable from Manitoba Health	82,302	82,302
Investments	36,818	38,218
Specific purpose funds	29,737	31,612
Nurse recruitment and retention fund	3,512	4,242
	$ 1,633,210	$ 1,575,722
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	$ 198,521	$ 194,597
Demand Loans	18,000	29,000
Employee benefits payable	94,907	92,324
Current portion of long term debt	50,358	46,040
	361,786	361,961
LONG TERM DEBT AND DEFERRED CONTRIBUTIONS		
Long term debt	27,918	20,785
Employee future benefits payable	147,723	143,324
Specific purpose funds	29,737	31,612
Deferred contributions	1,013,187	966,614
Nurse recruitment and retention fund	3,512	4,242
	1,222,077	1,166,577
NET ASSETS	49,347	47,184
	1,633,210	$ 1,575,722

WINNIPEG REGIONAL HEALTH AUTHORITY
SUPPLEMENTARY INFORMATION

As at March 31, 2011 (unaudited) (amounts in thousands of dollars)

Administrative Costs

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. The Authority adheres to these coding guidelines.

At the request of the Manitoba Health the presentation of administrative costs has been modified to include new categorizations in order to increase transparency in financial reporting. These categories and their inclusions are as follows:

Corporate

Includes: General Administration, Acute Care/Long Term Care/Community Services Administration, Executive Offices, Board of Trustees, Planning & Development, Community Health Assessment, Risk Management, Internal Audit, Finance & Accounting, Communications, Telecommunications, and Mail Service.

Recruitment & Human Resources

Includes: Personnel Records, Recruitment & Retention, (General, Physicians, Staff, and Nurses), Labour Relations, Employee Compensation & Benefits Management, Employee Health & Assistance Programs, Occupational Health & Safety, and Provincial Labour Relations Secretariat.

Patient Care Related

Includes: Utilization Management, Cancer Standards & Guidelines, Patient Relations, Infection Control, Quality Assurance (Medical, Nursing, and Other), and Accreditation

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) adheres to CIHI definitions.

Administrative costs and percentages for the Authority (including hospitals, non-proprietary personal care homes and community health agencies) are:

	2011					
	Acute Care Facilities and Corporate Office		Personal Care Homes & Community Health Agencies		Total	
	$	%	$	%	$	%
Corporate	54,252	2.43%	14,801	6.63%	69,053	2.81%
Recruitment & Human Resources	22,468	1.00%	629	0.28%	23,097	0.94%
Patient Care Related	13,406	0.60%	24	0.01%	13,430	0.54%
TOTAL	$ 90,126	4.03%	$ 15,454	6.92%	$ 105,580	4.29%

2010/11 Operating Results

Manitoba eHealth

(Including Manitoba Telehealth)

Statement of Income for the Year Ending March 31, 2011

AMOUNTS IN ($000)	[redacted]	Actual	Budget	Variance
Funding & Recoveries	$ 54,290	$ 64,113	$62,974	1,139
Salary & Benefits	35,526	37,438	36,032	(1,406)
Hardware/Software Maintenance	8,633	11,849	14,081	2,231
License Fees	1,852	2,041	2,027	(14)
Data Communications	2,301	1,897	2,632	726
Rent, Utilities and Mtnce	2,597	2,768	2,821	53
Other	6,333	5,723	5,391	(332)
TOTAL EXPENSES	$ 54,241	$ 61,716	$ 62,974	$ 1,257
SURPLUS/(DEFICIT)	$ 48	$ 2,397	$ 0	$ 2,397

	2010					
	Acute Care Facilities and Corporate Office		Personal Care Homes & Community Health Agencies		Total	
	$ (restated)	% (restated)	$ (restated)	% (restated)	$ (restated)	% (restated)
Corporate	55,264	2.57%	13,788	6.26%	69,052	2.91%
Recruitment & Human Resources	16,625	0.77%	630	0.29%	17,255	0.73%
Patient Care Related	6,080	0.28%	45	0.02%	6,125	0.26%
TOTAL	$ 77,969	3.62%	$ 14,463	6.57%	$ 92,432	3.90%

The figures presented are based on data available at time of publication. Restatements are made in the subsequent year to reflect final data and changes in the CIHI definition, if any.

NOTE: These 2010 figures have been restated to reflect month 14 submissions to FIMIS as well as coding changes which took effect in 2011.

Statistics Appendix

1) Includes newborns, stillbirths and deaths.

2) Acute includes palliative care in-patients at SBH and RHC

3) Rehab represents inpatients in Rehab Program beds (RHC, DLC, SOGH, HSC, SBGH) and Orthopedic-Rehab beds (GH and CH)

4) Chronic patients at DLC and RHC

5) Hospice includes Grace Hospice only

6) Grace ETU and HSC Forensic Unit

7) Includes only those cases which met the Manitoba Health criteria for submission of a Day/Night Care abstract to Manitoba Health and CIHI and is a subset of the total Day/Night care visits at WRHA acute sites.

8) Excludes 367 clients under assessment but not yet receiving services.

9) Represents Inpatient cases that had at least one surgery in a site's Main Operating Room (OR). For some cases, more than one surgical procedure or main OR trip may have been done during an episode and/or admission; however, only one surgical case is counted per admission for this analysis.

10) Includes stillbirths. Excludes home births

11) WRHA DAD DSS

12) WRHA DAD DSS

13) WRHA Primary Care Program

14) Includes cases where the patient is booked and prepared in the gamma knife frame, goes through the MRI exam, but the gamma knife procedure is abandoned to due the size of the tumor.

15) Assumes 100% bed occupancy of PCH beds at RHC and DLC per the WRHA bed map. Includes Central Park Lodge - Valley View, Extendicare - Hillcrest Place, Extendicare - Red River Place, St. Adolphe Personal Care Home and Tudor House Personal Care Home proprietary PCHs that are located outside the Winnipeg geographic region but which Manitoba Health funds through the WRHA Long Term Care Program.

16) Includes Crisis Stabilization Unit and Mobile Crisis Services contacts. During FY 2010/11 there were a total of 4,179 client days at the Crisis Stabilizatin Unit.

17) Includes Shared Care, Brief Treatment, CODI Outreach and Community Psychiatry On-call Consultation Services contacts.

18) Includes Centralized Mental Health Access contacts to Comunity Mental Health Services.

19) Includes new and continued Geographic based Community Mental Health clients.

20) Includes new and continued clients of Co-Occurring Disorders, Forensics, Intensive Case Management, Program for Assertive Community Treatment, Health Coordination, Cross Cultural, Clinical Specialist, Transition Services, Housing Services & Specialized Contracts.

21) The Provincial Health Contact Centre (PHCC), an internationally-recognized state of the art contact centre that technologically supports health and social services delivery in Manitoba in consultation with the Winnipeg Regional Health Authority and Manitoba Health. The PHCC operates almost 40 inbound and outbound calling programs, handling over 450,000 calls a year in 110 languages. The PHCC's clinical calling programs includes the Breastfeeding Hot line, the Chronic Disease Management of Congestive Heart Failure, Health Links - Info Santé and various public health services such as the Influenza Symptom Triage Service. Inbound and outbound calling programs in support of health and social delivery in Manitoba are undertaken through arrangements with various programs including: the WRHA Home Care Program, Family Services and Housing, Employment Income and Assistance. The PHCC operates out of the Misericordia Health Centre.

22) Health Links - Info Santé, a WRHA service leveraging the PHCC technology, is a 24-hour, 7-day a week telephone information service. The program is staffed by registered nurses with the knowledge to provide over-the-phone consultation related to health care questions and concerns.

23) The number of calls where a client spoke with a health care professional.

24) Total number of follow-up contacts to clients already in contact with Health Links - Info Santé staff, i.e. those contacts serviced in line 1.

25) An outbound call program delivered through the PHCC to determine if an individual who left a WRHA emergency room without being seen is still in need of medical attention or has already had their situation addressed.

26) After Hours Central Intake Program services WRHA programs to manage both clinical and non-clinical resources for clients. As a service provided through PHCC, it handles inbound and outbound calling to process after hours needs of clients in programs like Home Care, Family Services and Housing and Employment Income and Assistance.

27) The number of calls where a client spoke with a health care professional.

28) Total number of follow-up contacts to clients already in contact with TeleCARE Manitoba staff, i.e. those contacts serviced in the above line.

29) The number of calls where a client spoke with a registered dietitian.

30) Total number of follow-up contacts to clients already in contact with Registered Dietitian staff, i.e. those contacts serviced in the above line.

31) The number of calls where a client spoke with a Social Worker. This service was operational for one month March 2011.

32) Total number of follow-up contacts to clients already in contact with Triple P Postive Parenting staff, i.e. those contacts serviced in the above line.

33) Public Health Administered Vaccine includes seasonal influenza and H1N1 immunizations provided by the PHNs in each of the 12 community areas, Travel Health and the Healthy Sexuality Harm Reduction (HSHR) Team. The seasonal influenza campaign typically runs from October through to December during the year; Travel Health provides seasonal influenza year round. The seasonal influenza campaign for 2009/2010 was condensed into a 3 day mass clinic (Oct 14/09 - Oct 16/09). H1N1 Vaccine administration was first introduced in 2009/2010. The total number of Seasonal Influenza Vaccine administered for 2009/2010 includes the total number of immunizations administered by the PHNs in each of the 12 Community Areas during the 3 day campaign only and does not include the seasonal influenza immunizations administered by the 12 Community Areas during the H1N1 clinics. The total number of Seasonal Influenza Vaccine administered for 2009/2010 includes the total number of Seasonal Influenza Immunizations provided by the Travel Health team from Jan.1/09 to Dec. 31/09 (as the Travel Health team provides seasonal influenza immunizations year round). The total number of Seasonal Influenza Vaccine administered for 2009/2010 includes the total number of Seasonal Influenza Vaccine provided by the HSHR Team during the 3 day campaign and during the H1N1 clinics. The total number of H1N1 Vaccine administered for 2009/2010 reflects the reported numbers provided by the 12 Community Areas, Travel Health and HSHR from October 2009 to March 2010.

34) Telehealth is the use of information technology to link patients to medical specialists and other healthcare professionals via a high-speed, secure video link. These counts exclude Cancer Care Manitoba (CCMB) and Manitoba Health.

35) Includes services such as specialist consultation, discharge planning and case-conferencing.

36) Supports rural physicians and other healthcare providers by providing quality professional educational programs. Education for patients, families and the public are also available.

37) Used as an alternative venue for administrative meetings to save time, resources and risks due to travel.

38) Available to link patients with their families when medical needs have kept them apart for an extended period of time.

Source: Senior Program Operations Manager, Manitoba Telehealth

39) It should be noted that critical incidents can occur but not be reported. As critical incidents are a live application, over time the frequencies and categorization of incidents may change for both calendar and fiscal years. Critical incidents can be reported up to two years after an event has occurred, therefore, the frequencies in the specified date range can change.

Services en langue française – Un regard rétrospectif sur les 5 dernières années – Rapport annuel

Au cours des cinq dernières années, les Services en langue française (SLF) de la région sanitaire de Winnipeg se concentraient sur dix objectifs principaux à l'interne et à l'externe.

Pour faire davantage connaître les programmes et services disponibles en français et accroître la confiance et l'utilisation de ces services de la part du public, nous avons élaboré une série de publicités imprimées pour divers médias. En outre, ces publicités sont soutenues par les renseignements publiés dans le site Web de la région qui est désormais complètement bilingue.

Les membres du personnel qui occupent un poste désigné bilingue ou non désigné portent une épinglette Hello/ Bonjour pour annoncer qu'ils offrent un service en français.

Pour ajouter aux cours de formation en français en soirée, les SLF ont créé 14 nouvelles possibilités de formation le jour (offertes par région) afin de répondre aux divers besoins du personnel. Un centre de ressources et un site intranet éducatif ont été mis sur pied pour appuyer les membres du personnel bilingues dans leurs rôles.

Un nombre croissant de postes ont été désignés bilingues dans la région et environ 70 % de ce nombre sont pourvus par des titulaires bilingues.

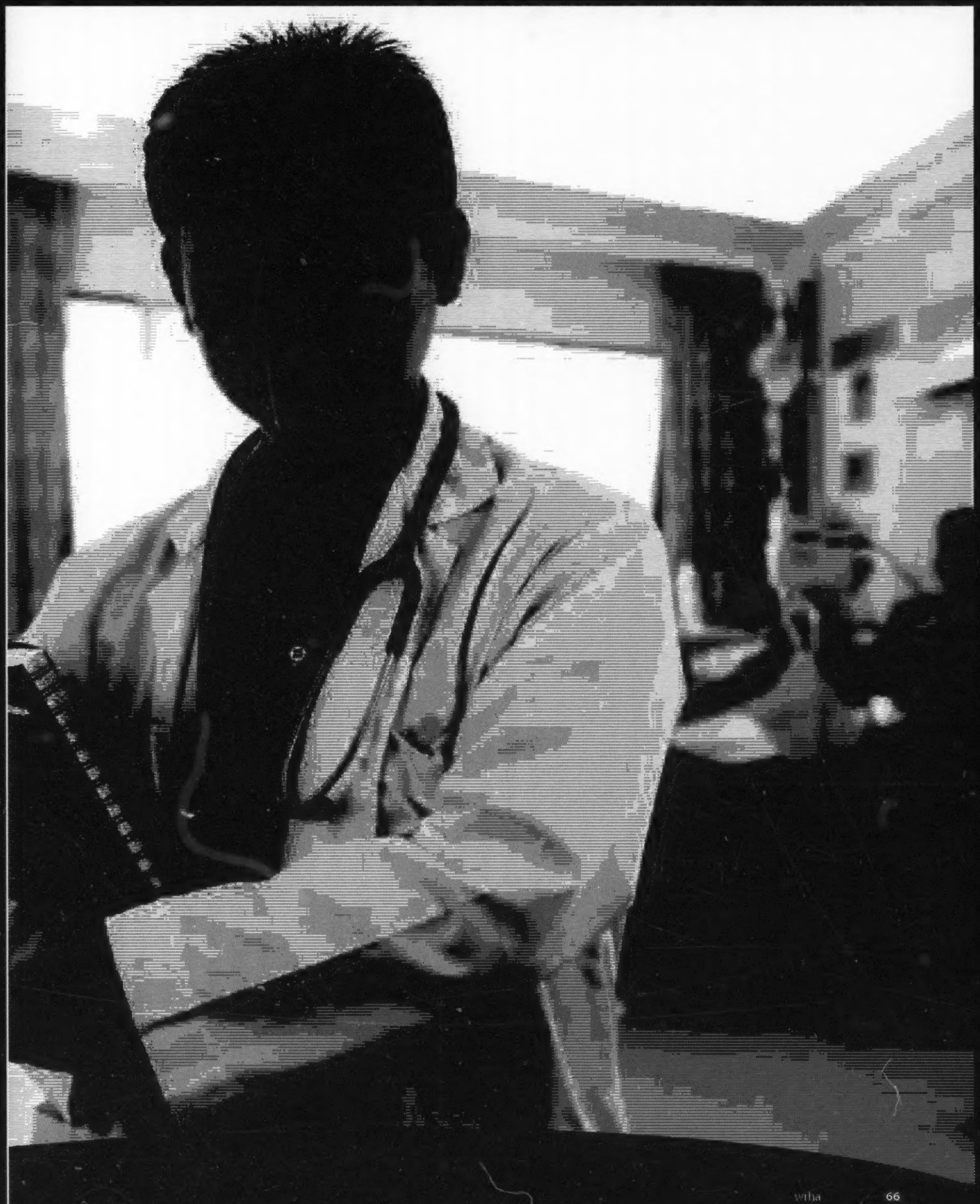
Les mesures permanentes pour informer le personnel de la valeur d'utiliser le français ont incité un plus grand nombre de membres du personnel bilingues à fournir des services à leurs patients et clients en français, que leur poste soit désigné bilingue ou non.

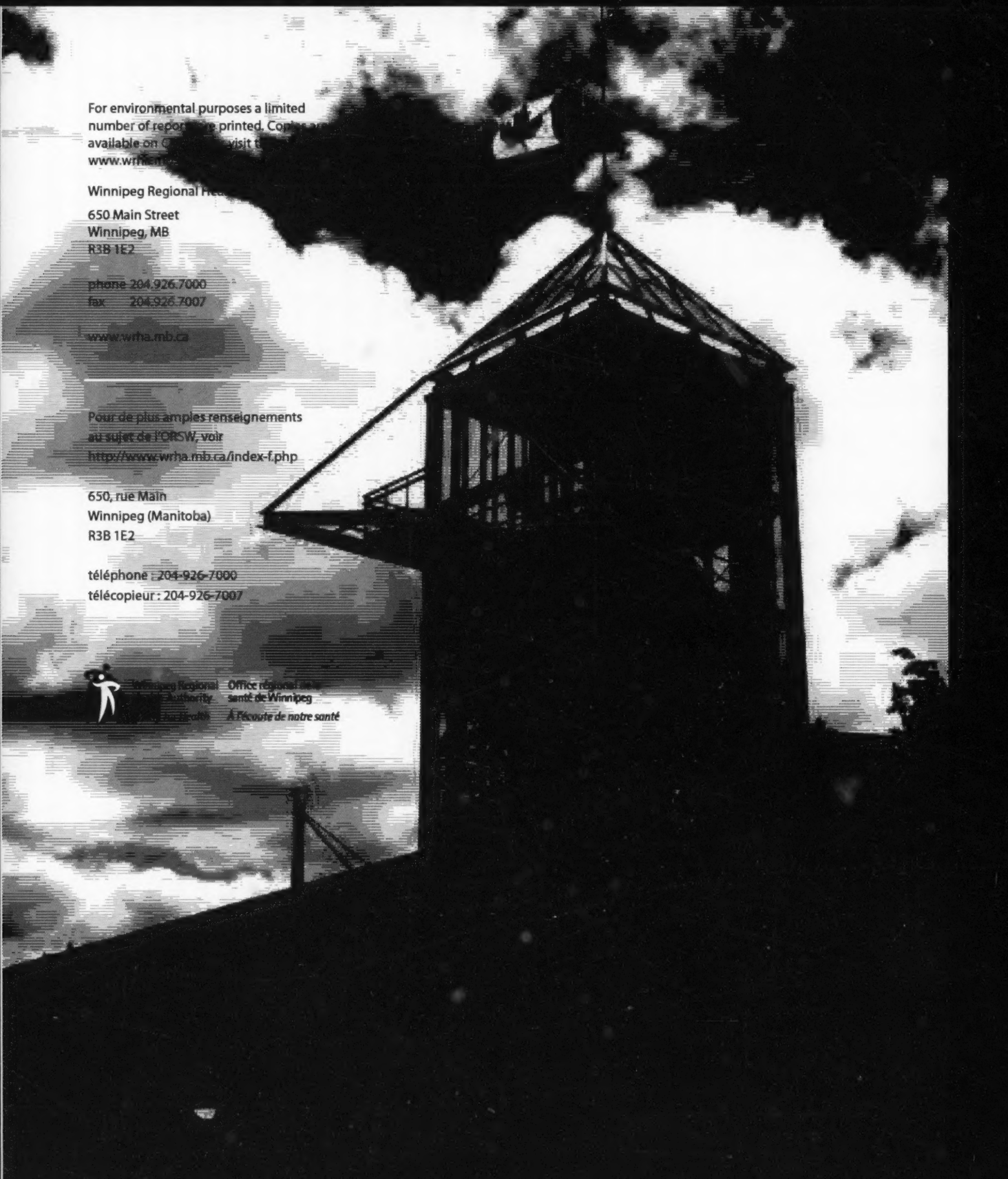
Nous avons mis en œuvre des méthodes de rétroaction pour favoriser le dialogue entre le public francophone et les Services en langue française.

Tous les documents éducatifs ou informatifs à l'intention du public sont immédiatement traduits et publiés dans un format bilingue; les traductions en souffrance ont été effectuées. En plus des traductions fournies par l'entremise du Conseil communauté en santé du Manitoba, les SLF ont élaboré un programme interne visant à traduire les principaux documents en français à l'intention du personnel, ajoutant aux autres initiatives conçues pour mettre en valeur un environnement bilingue au travail.

Les établissements, programmes, services et organismes désignés bilingues et francophones de la région sanitaire de Winnipeg doivent désormais faire un rapport chaque année sur leur progrès quant aux services offerts en français. Ce rapport permettra d'établir un partenariat ou le dialogue avec les SLF pour résoudre les difficultés. Toutes les cinq politiques des SLF ont été étudiées et révisées, et elles ont atteint un niveau de conformité élevé au cours des cinq dernières années.

Les Services en langue française ont réalisé d'importants progrès positifs grâce à ces initiatives et à de nombreuses autres. Nous sonderons le public francophone en 2012 afin de comparer les résultats contre ceux d'un premier sondage mené en 2007 dans le but d'élaborer un plan quinquennal des SLF.





For environmental purposes a limited number of reports are printed. Copies are available on CD. Please visit the website at www.wrha.mb.ca

Winnipeg Regional Health Authority

650 Main Street
Winnipeg, MB
R3B 1E2

phone 204.926.7000
fax 204.926.7007

www.wrha.mb.ca

Pour de plus amples renseignements au sujet de l'ORSW, voir http://www.wrha.mb.ca/index-f.php

650, rue Main
Winnipeg (Manitoba)
R3B 1E2

téléphone : 204-926-7000
télécopieur : 204-926-7007

Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg

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